

Some Thoughts on Alternative Care by Edward Feinberg, DMD

Alternative health care is considered to be any therapy or treatment system that lies outside the realm of conventional or Western methods. Alternative treatments are enjoying unprecedented popularity; and many of our patients are actively pursuing them. A 1992 *Time* magazine/CNN survey³ revealed that more than 30% of the public had sought alternative care the previous year. Of those who hadn't, 60% reported that they would seek such care if conventional methods failed. Americans currently spend more than \$13.7 Billion annually on alternative care treatments⁷.

Alternative care has become popular because conventional care has developed some major shortcomings. Conventional health care has become too expensive, too dangerous, painful, and ineffective for many serious diseases. Much of conventional care is based on the pharmaceutical industry, which profits from selling expensive medications. The medications, which can have unpleasant and powerful side effects, often relieve symptoms, but don't remove their cause. Surgical care, too, has limitations. In an interview with Bill Moyers, Dr. Dean Ornish revealed that \$12 Billion was spent last year on bypass surgery, even though half of these bypasses will clog within five years⁶. Conventional care gives lip service to prevention and usually ignores the mental and spiritual aspects of diseases, which can be essential to the healing process.

Perhaps the worst criticism of conventional care is the doctor-patient relationship itself. Many doctors, having seen so much suffering, function only on a scientific level so as not to become emotionally involved. But most patients want the compassion, understanding and support from their doctors as much as they want the high tech care. Unfortunately, as Drs. David and Sharon Sneed observe², "physicians and patients alike have come to expect that we *won't* have both--that somehow compassion, understanding and support for the patient goes out when high tech medicine comes in". This attitude drives many into the arms of alternative practitioners, who seem to be "less antiseptic and more human".

The media has encouraged patients to seek out alternative care. Newspapers and magazines have devoted significant coverage to alternative therapies, while radio talk shows and television "news magazines" such as "48 Hours" and "20/20" have promoted and validated them. Even managed care companies are giving a stamp of approval to alternative therapies. Dr. Richard Mielke, a dentist from Washington state, reported in the *ADA News*⁵, that the drive for cost-containment has caused many insurers to provide reimbursement for alternative treatments. Alternative care givers eligible for reimbursement include naturopaths (herbalists and homeopaths), advanced certified rollers, registered polarity practitioners, certified Bonnie Prudden Myotherapists and certified Feldenkrais practitioners. Blue Cross of Washington and Alaska has 1000 subscribers in Seattle alone to its "Alternapath" supplemental plan.

As more and more individuals seek alternative care, confrontation between the conventional or allopathic medicine and the alternative or complimentary medicine is inevitable. Interestingly, this rivalry is not new. In the 1840s, the “popular health movement” brought homeopathy to an America that already had a system of conventional treatment. The movement strengthened as Americans came to resent the excesses of “heroic” conventional treatments and the arrogant political behavior of their practitioners. “Not only did they bleed and purge people to death”, explains Dr. Andrew Weil, a noted author and medical researcher, “they tried to put out of business competitors who attempted to heal the sick with gentler methods”⁴. The popular health movement successfully wiped almost all of the laws pertaining to medicine off the books that were created by the conservative allopaths. The allopaths countered by forming the AMA in 1846. One of the AMA’s first actions was the launching of an offensive against homeopathy. A long, drawn out war ensued that was fought in every town and in virtually every hospital in America. Even as late as 1900, 22 homeopathic medical colleges produced one sixth of the country’s medical practitioners. But by 1923, only 2 schools remained. Now it seems that history is about to be repeated. Ironically, alternative care is enjoying a resurgence because the very attitudes of conventional medicine that contributed to the rise of the popular health movement are back.

We dentists are caught in the middle of this controversy. Through the media, our patients are being bombarded with information from both systems. As alternative treatments become more acceptable in our society, they often turn to us for answers. We are expected to know something about these treatments. How are we to judge what is appropriate and effective? If we take the “party line” and condemn alternative care, we are seen as being old fashioned. Many lump us in the ranks of the conventional medicine establishment anyway. We have been accused of poisoning our patients through the use of amalgam restorations and through fluoridation of the water supply.

The latest drive toward alternative care, which began in the ‘70s, is known as the “holistic” movement. The term “holistic”, supposedly a whole body approach to health care, is a nebulous term that pushes emotional buttons. The movement itself is equally nebulous--more a collection of attitudes and practices than a defined system of treatment. According to the Definitive guide to Alternative Medicine¹, there are at least 43 different types of alternative therapies. They utilize “natural” methods, mind-cure techniques, energy manipulations, and even the supernatural. These therapies have little in common, but they do share some interesting characteristics. None has a monopoly on cures or failures; and there are great inconsistencies among the treatments. Each system of treatment also seems to work best when it first appears, perhaps as a result of the founder’s charisma or communication skills. In fact, the unifying variable in all these systems may be the belief in the system itself.

It is well known that belief alone can elicit medical cures. “Any treatment”, explains Dr. Weil, “whether allopathic drugs and surgery, homeopathic remedies, chiropractic manipulations, shamanistic rituals or Chinese acupuncture--includes two distinct elements: the direct effect of the treatment itself (if any) and the belief it elicits in

both practitioner and patient.⁴ Treatments devoid of significant effects that work on the principle of belief alone are well known as *placebos*. Placebos can relieve severe postoperative pain, induce sleep or alertness, elicit remission of disease, and cause warts to fall off. They can also elicit powerful side effects, such as nausea, headaches, allergic reactions, damage to organs, and addiction. Placebos in this category are known as *nocebos*. Dr. Weil says that there are three dimensions of belief involved in the placebo response--the patient's belief in the method, the doctor's belief in the method, and the patient's and doctor's belief in each other. When belief in the method is altered, the change in the placebo effect will also change the effectiveness of that treatment. "Just as doctors and patients can lose faith in a drug like Darvon", says Dr. Weil, "they can gain it in a procedure like acupuncture". The fact that placebos work at all, he explains, is evidence that the body has an *innate healing ability*.

The Alternative care movement challenges allopathy in several positive ways. First, it offers entirely new ways of thinking. Current medical practices are based on *theories* that are less than a century old. Theories are often based on assumptions of reality that may be incorrect. Says Dr. Weil⁴, "enlightened scientists never forget that theories are pictures of reality, not reality itself". Some alternative care theories, based on different assumptions, are quite plausible, and may turn out to have scientific validity. Homeopathy, for example, is based on the "Law of Similars". According to homeopathic theory, "a substance that produces a certain set of symptoms in a healthy person has the power to cure a sick person manifesting those same symptoms"⁴. The substance is diluted so that the medicine contains an infinitesimal amount. The infinitesimal amount is supposed to make the drug safer and more effective. There are many examples of minute substances which can exert powerful effects in the body. Thyroid hormone circulates in the blood in 1 part to 10¹⁰ parts of plasma, LSD can affect consciousness in doses as low as one millionth of a gram and penicillin can inhibit some bacteria in 10⁻⁹ concentrations. Allergists also use infinitesimal amounts of antigens to desensitize an individual with allergies.

Research has already uncovered some major challenges to traditional theories of disease. A widely held notion, for example, is that the mind is distinct from the body. Conservative techniques tend to treat both as separate entities. However, new evidence indicates that they are really linked. For example, endorphins, an opiate chemical produced in the brain, have been shown to be involved in analgesia and anesthesia. These chemicals were recently discovered to be produced in response to placebos and to acupuncture. Naloxone, a narcotic antagonist, has also been shown to interfere with the pain relieving effects of *both*. What's more, the same endorphins and their receptors from the brain have been located in the immune system! The identification of this biochemical mechanism suggests that the mind *is* involved in the healing process and perhaps cannot be separated from the physical process. This mechanism could account for certain clinical findings. Researchers in Los Angeles, for example, discovered that the number of natural killer cells in the bloodstream of patients *increased* a few hours after the 1987 earthquake⁸ as a response to the resulting distress and anxiety. According to Dr. David Felten, a professor of neurobiology and anatomy at the University of Rochester, studies prove that the brain can even *learn* to change the immune response.

“What this ultimately means”, he concludes, “is that we can have any variety of signals into the brain that we might be able to use to therapeutically benefit a patient”⁹. Dr. Mehmet Oz, a respected cardiologist and surgeon at Columbia University⁷ is doing just that in his research at Columbia’s Richard and Hinda Rosenthal Center for Alternative/Complimentary Medicine. He has already found that patients who are taught to practice self-hypnosis experience fewer complications and less pain, fatigue, and depression after open heart surgery.

Unfortunately there is a dark side to alternative therapy that discourages practitioners from incorporating these therapies into their treatment armamentarium. That dark side is quackery. There is a great deal of information on alternative therapies, but a shortage of valid scientific studies. Much of this information comes from alternative practitioners with bogus degrees from diploma mills. Freedom of speech allows them to broadcast misinformation with an air of authority. By preying on the public’s gullibility and inability to evaluate their claims, alternative practitioners profit in a big way. According to Naomi Kulakow, officer of Consumer affairs of the FDA, the easiest targets are those seeking prevention, those with chronic pain and those with terminal illness². Desperation leads many to try anything. Because a small percentage of subjects will heal in spite of any therapy (thanks to the placebo effect), there are always individuals who eagerly step forward with a testimonial. In the late ‘70s and early ‘80s, for example, laetrile proponents were successful in convincing Americans (78,000 in 1978) to receive laetrile treatments in Mexico. Despite overwhelming evidence from the National Institute of Health and the FDA that conclusively proved the drug’s worthlessness, the laetrile industry continued to amass big profits². In a sense, Benjamin Franklin was right: “The worst doctors are quacks, but worse quacks yet are their patients”³.

Even if their treatments seem innocuous, quackery has the potential to do great harm. Unorthodox treatments can cause life-threatening deficiencies or toxicity, while failure to diagnose and treat serious conditions sends people to their graves. Toying with a person’s self-esteem or religious beliefs can result in emotional and spiritual collapse. There is a financial cost as well. Drs. David and Sharon Sneed estimate that \$4 Billion a year are spent by Americans on unproven cancer cures. Even the limited resources of our national budget are fair game for quackery. Laetrile is a good example. Despite conclusive proof of its ineffectiveness, lobbying efforts by certain individuals persuaded congressmen to allot hundreds of thousands of research dollars for laetrile.²

With all of the training, licensure and regulation required, Dentistry still has a lingering percentage of quacks. The holistic movement has given them a rationale to use unproven diagnostic techniques and treatments. Some convince patients to remove amalgam restorations in order to cure chronic diseases; some advise patients to eliminate heart or cancer medications in favor of nutritional supplements that they provide; and others advise patients to choose extractions over root canal therapy because they believe that 100% of root canals cause residual infections. These points of view are not isolated--and they *often* find a home in the media--particularly on radio and TV talk shows. Pick

up a copy of Alternative Medicine: the Definitive Guide and read the section on “Biological Dentistry”. It is an eye-opener.

Even though Dentistry has its share of quacks, at least we dentists are trained and licensed. Most of us are members of an association that requires us to live by a code of ethics. The procedures we use have also been thoroughly investigated for their safety and effectiveness and well documented in recognized publications. However, most alternative therapies have none of this. It is likely that they will in the future, even though the “medical freedom-fighters” are fighting hard to avoid submitting themselves to scrutiny. The National Institute of Health has created an Office of Alternative Medicines to conduct research on the efficacy of alternative treatments. Until these treatments are investigated thoroughly and objectively, however, they cannot be fully legitimized. Then the practitioners of these therapies *must* be licensed and required to practice as professionals within the limitations of their training--just as we are. If alternative therapies can that pass these tests, we will have some exciting adjuncts to dental treatment in the future.

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