Alternative Medicine in Managed Care Pharmacy

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OBJECTIVE:

To describe selected alternative medicine practices and discuss their value in managed care settings.

DATA SOURCES:

Recent clinical and alternative medicine literature.

DATA SYNTHESIS:

A central difference between conventional and alternative medicine lies in their philosophies about their roles in affecting or controlling illness. While conventional practitioners attempt to cure the patient by acting as authoritative experts, alternative practitioners try to teach the patient to tap his or her own inner healing resources. Al-

ternative practitioners hold that the individual has the capacity to maintain health and that people get sick when they are out of balance with their environment or society. Alternative medical practices typically address a spiritual component of health and illness largely ignored in conventional medicine. Because of the increasing acceptance of alternative medical practices, managed care organizations should be aware of their potential medical benefits and cost savings. Several types of alternative medical practices are described, including Ayurveda, Oriental medicine, homeopathy, chiropractic, naturopathy, natural medicine, massage and manipulation, movement and meditation, and energy healing.

CONCLUSION:

Conventional and alternative medical practices have an increasingly good chance of becoming integrated with each other. Managed care organizations and pharmacists should be aware and accepting of consumers' preferences regarding alternative medical practices.

KEY WORDS:

Pharmacy practice, Alternative medicine, Managed health care, Managed care, Chiropractic, Herbal medicine.

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In late 1992, in response to increasing public pressure, Congress established the Office of Alternative Medicine (OAM) within the Office of the Director of the National Institutes of Health (NIH) to facilitate the fair scientific evaluation of alternative therapies and to establish an information clearinghouse. OAM primarily was designed to encourage research in many of the promising alternative approaches with potential for safe and economical health care outcomes. Alternative practices found to be cost effective are likely to be integrated into the mainstream practice of medicine in this country, and pharmacists may be called on to assess the impact of alternate treatment measures during patient assessments.

In this article, we will describe some of the alternative practices by presenting their philosophy of health and heal-

ing, licensure requirements, and some of their diagnostic and therapeutic healing approaches. We also will discuss the value of using alternative medical practices in managed care settings and suggest ways pharmacists can incorporate alternative medicine into their pharmaceutical care plans.

The first important issue to address is: What is alternative medicine? The answer is a complicated one because alternative medicine encompasses a wide variety of health care practices or systems, as outlined in Table 1.^{1,2}

CONVENTIONAL VERSUS ALTERNATIVE MEDICINE

Even though the numerous alternative healing systems are diverse, they share common ground in that their beliefs

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and views regarding health and healing differ from those of conventional medicine. An essential difference between alternative and conventional medicine is in the philosophy practitioners assume in relation to their roles in affecting or controlling illness. Conventional practitioners believe that their role is to cure the patient by acting as an authoritative expert; the patient is treated as a receptive participant. Alternative medicine practitioners believe their role in healing the patient is through teaching patients how to tap into their own inner healing resources. They believe that the patient is the real authority; the practitioner's job is to expose that wisdom and knowledge. Physicians believe that illness or disease abates because of curing interventions they have prescribed. Healing practitioners believe that patients regain health because they have mobilized the patients' own inner healing potential. Interventions are applied, but they are thought of only as healing potentiators.

Where, for conventional practitioners, the focus of diagnosis and treatment of an illness is on the patient's chief complaint, alternative practitioners regard the chief complaint as only one expression of an imbalance or disruption in the patient's health. Therefore, review of all the patient's systems is necessary for the diagnosis. Homeopathy practitioners ask not only what makes a condition better or worse, but they also ask about cravings, emotions, behavioral expression, environmental sensitivities, and fears. Chinese and Ayurvedic practitioners use interpretation of pulse and tongue to determine imbalances in all of the major organ systems. As a consequence, in the alternative approach, the patient participates to a much larger extent in the diagnostic process and has responsibility in the development of the treatment plan. Pharmacists practicing pharmaceutical care in essence are performing a similar task in developing plans that integrate different drug therapies for several medical conditions present in the same patient. The patient's full participation and cooperation also are required for counseling sessions to produce optimal health outcomes.

The second difference between alternative and conventional approaches involves the relationship between the patient and his or her health and illness. Alternative practitioners hold that the individual has the capacity to maintain health in the face of external invasion by bacteria, viruses, and toxins because the human body, if healthy, has the resources to fend off intruders or to a large extent repair itself if violated. They believe that people get sick when they are out of balance with their environment or society, and this disruption leads to imbalances in organ systems. Treatment measures are aimed at stimulating and strengthening self-healing attributes. Prevention measures are emphasized. The phenomenon of this healing power of nature (*vis medicatrix naturae*) can be speeded up, sometimes to a miraculous degree, by the proper stimuli.² The conventional medicine practitioner, in contrast, believes that suppressing or blocking the harmful physiologic process of illness is the only way to achieve a cure; the patient needs only to be compliant with the medication regimen or other therapies prescribed. Many alternative health care disci-

Table 1. Complementary Healing Practices

Primary care practices

Homeopathy
Ayurveda
Chiropractic
Traditional Chinese medicine and acupuncture (Japanese and Chinese)
Naturopathy (homeopathy, chiropractic)

Nutritional and natural medicine practices

Macrobiotics
Herbal/phytochemical (Chinese medicine, Ayurveda, naturopathy, homeopathy)
Orthomolecular medicine
Hydrotherapy (naturopathy)

Massage, manipulation, and restructuring practices

Reflexology/iridology
Acupressure (Chinese acupuncture)
Shiatsu (Japanese acupuncture)
Rolling
Craniosacral therapy (chiropractic)

Movement, exercise, and meditation therapies

Tai chi (Chinese medicine)
Yoga (Ayurveda)
Dance/music/theater therapy
Transcendental meditation (Ayurveda)
Biofeedback

Mind-body practices

Alexander technique
Feldenkrais method
Mind-body oriented psychotherapy
Tragerwork
Hypnotherapy

Subtle energy healing systems

Polarity work
Reiki
Therapeutic touch
Qigong (Chinese medicine)

Shamanic medicine

plines believe that using drugs that suppress or block disease without engaging the patient's *vis medicatrix naturae* will control the illness only temporarily and that the illness will reappear elsewhere in the body, possibly developing into a chronic condition. Therefore, patients end up doing much more than taking pills or following a prescribed diet or exercise plan when treated by an alternative medicine doctor. The patient is expected to do the healing with the help of medicine and therapeutic applications.

Table 2. U.S. Journals Covering Complementary Medicine***Alternative and Complementary Therapies****Journal of Alternative and Complementary Medicine**Alternative Therapies in Health and Medicine**Journal of Ethnopharmacology*

Another contrast between alternative and conventional medicine involves the tendency for alternative medical practices to address the spiritual component of health and illness. This is especially true for the subtle energy and shamanic practices, but ayurvedic practices, Chinese medicine, and even homeopathy have this element as part of their health belief systems. The idea of spiritual involvement includes a philosophy of lifestyle that embraces healthy habits, pure unselfish thoughts, and the belief in a higher power that can influence a person's life, well-being, and health.

Alternative medicine practitioners tend to spend more time with a patient (1-1.5 hr/session) than conventional doctors (15-30 min/session). The greater amount of time is necessary to collect all the information needed to make the diagnosis and provide treatment in complicated therapies such as acupuncture.

Chiropractic medicine has been the most successful alternative therapy in proving its cost effectiveness. Several studies comparing the cost effectiveness of chiropractic care and conventional medical care in treating back pain have demonstrated lower costs for chiropractic treatment with one study conducted in a managed care setting.^{4,5,6} Consistent with these studies, guidelines for acute lower back pain developed for the Agency for Health Care Policy and Research of the U.S. Department of Health and Human Services in 1994 recommend chiropractic spinal manual therapy with or as a replacement for nonsteroidal, anti-inflammatory drugs.⁷

ACCEPTANCE OF ALTERNATIVE MEDICINE

In the past, conventional medical practitioners have been skeptical about alternative medical practices, but 27 medical schools in the United States currently offer elective course work on alternative medicine, including Harvard, Stanford, University of Arizona, and Yale.⁸ University of Arizona College of Pharmacy and University of North Carolina School of Pharmacy have incorporated lectures about herbal products into their curricula. Massachusetts College of Pharmacy and Allied Health Science offers a two-semester hour elective course in alternative medicine; a one-day continuing education program, "Complementary Alternative Medicine: Opportunities for Pharmacists," was offered at The National Community Pharmacists Association's (formerly NARD) 98th annual convention in October 1996. The first three journals listed in Table 2 have emerged in the last two years and are peer-

reviewed journals specializing in alternative medicine for health care professionals. The fourth journal listed in Table 2 also is peer-reviewed, but it caters more to researchers interested in phyto-pharmaceuticals (plant medicine). The first fellowship in integrative (alternative) medicine for physicians—headed by Andrew Weil at the University of Arizona Medical School—is starting next year. Weil prefers the term "integrative" to alternative because it better conveys the fellowship's mission to train physicians to treat patients with both alternative and conventional medicine in an integrated fashion. In Seattle, the county council has voted to establish the first government-run clinic providing a wide range of natural treatments, including nutrition, herbs, traditional Oriental medicine, massage, and hydrotherapy. It also will provide conventional medical practices.⁹ Numerous specialty journals, newsletters, and World Wide Web sites covering alternative medicine topics have proliferated in recent years.

As alternative medicine gains recognition and acceptance in the country's conventional health care system and elsewhere, the terminology used for alternative medical practices is changing. Terms used to describe alternative medicine include nontraditional medicine, holistic medicine, natural medicine, complementary medicine, and integrative medicine. Not that long ago, the terms "traditional" and "nontraditional" were used in lay and medical literature to represent modern Western medical practices and alternative practices, respectively. This terminology came under criticism and now is rarely used because many of the alternative practices (e.g., Chinese medicine, herbals, and Ayurvedic medicine) actually are based on traditions much older than the current conventional medical system, which is only 150 years old.

Alternative medicine is the term most often used today. Alternative medicine is defined as both tending to restore normal health and an alternative treatment or medication. While the former definition is the one alternative health care practitioners adopt, the latter definition can be construed to mean that alternative medicine and conventional medicine are incompatible. To the contrary, as illustrated in recent controlled homeopathic studies, concurrent use of alternative and conventional medicine has been advantageous in treating acute childhood diarrhea, allergic rhinitis, and asthma.^{10,11,12} Because the term "complementary medicine" connotes a relationship with conventional medicine that is adjunctive rather than substitutive, it is gaining favor. Frequently, one finds "alternative/complementary" used to describe the practice in journals and newsletters.

In the literature, conventional medicine sometimes is referred to as biomedicine, Western medicine, regular medicine, mainstream medicine, and cosmopolitan medicine. Alternative medicine proponents often refer to conventional practices as allopathic medicine. Allopathy means a therapeutic system in which a disease is treated by producing a second condition that is incompatible with or antagonistic to the first.¹³ Alterna-

tive medicine proponents like to use allopathic to describe conventional medicine because it characterizes these interventions as agents that work against disease by suppression or replacement of the factors causing illness. In contrast, alternative approaches engage the person's own healing potential with modalities that stimulate natural physiologic processes.

Because of the increasing acceptance of alternative medical practices, managed care organizations should be aware of the potential medical benefits and cost savings that may be realized by including alternative medical practices in the scope of managed care coverage. This issue is addressed in more detail at the end of this article, following these descriptions of several types of alternative medical practices.

TYPES OF ALTERNATIVE MEDICAL PRACTICES —

Ayurveda

Ayurveda is the 5,000-year-old traditional, natural system of medicine in India brought to the attention of the American public by books written by Deepak Chopra, M.D., a Western-trained endocrinologist. Currently, some 10 Ayurveda clinics exist in North America, and more than 200 physicians have received training as Ayurvedic practitioners through the American Association of Ayurvedic Medicine.¹⁴ Licensure for Ayurvedic practice is not offered by any state, and Ayurveda is used primarily as an augmentative practice by practitioners with M.D. or D.O. licenses who are trained in Ayurveda. Ayurvedic practice, meaning knowledge (*ayur*) of life (*veda*) employs the concept of three metabolic body types or *doshas* (*vata*, *pita*, and *kapha*). A person's constitution or make-up is the sum of *dosha* types expressed by his or her body and behavior.

The Ayurvedic system is very complex, and only some of the concepts will be used here to describe the practice. The seven *dhatu*s or tissues are responsible for maintaining the body, and the *malas* are responsible for digestion and elimination. Ayurveda considers digestion to be the most important function of the body; dysfunction can produce maladies or illnesses. It is thought that Ama, the chief cause of disease, is formed when enzyme activity decreases because of improper digestion.²

Specific treatment plans are designed based on the person's constitutional make up and imbalanced *doshas* to re-establish harmony with the person's internal environment. Treatments include dietary changes, breathing exercises, yoga, meditation, massage, herbal tonics, herbal sweat baths, medicated enemas, and medicated inhalations.¹⁵ Diagnostic procedures differ from those in conventional medicine. The pulse is palpated not only to measure rate but also to identify patterns of motion consistent with specific diagnostic entities. The analysis of the tongue is used as another powerful diagnostic tool in Ayurveda. The general physical examination used by conventional physicians is employed by Ayurvedic practition-

ers, but other physical, mental, emotional, and lifestyle factors all are integrated to reach the diagnosis and create a treatment plan.²

Oriental Medicine

Traditional Chinese or Oriental medicine comprises a sophisticated set of many systematic techniques and methods including those familiar to most Americans: acupuncture, acupressure, massage, *qigong* (deep breathing and movement exercise), herbal medicine, and diet. Other lesser known techniques include cupping and moxibustion. Cupping is inducing a vacuum in a small glass or bamboo cup and immediately applying it to the skin surface. The therapy increases local circulation and is used to drain or remove cold and damp evils from the body. Moxibustion refers to the burning of the dried and powdered leaves of the plant *artemesia vulgaris*, either on or in proximity to the skin. It affects the movement of *qi*, or vital energy.

In the United States, the base for Oriental medicine is in acupuncture and Oriental massage. About 6,500 acupuncturists practice in the United States today.¹⁴ Massage therapists who are members of the American Oriental Body Work Therapy Association number 1,600.¹⁶

Many American schools of acupuncture are evolving into colleges of Oriental medicine, offering diplomas of master's (M.Ac.O.M.) and doctor's (D.O.M., Ac. Phys.) degrees by adding courses in Oriental massage, herbal medicine, and dietary interventions. The National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine currently has approved or accepted candidacy status for 20 schools in this country. Approximately 28 states license and register acupuncturists (L.Ac., R.Ac., C.Ac.); however, only California and Nevada include a specific section evaluating knowledge of herbal medicine in the state acupuncturist licensing examination. New Mexico offers acupuncturists an exclusive profession of Oriental medicine with a legal scope of practice similar to that of a primary care allopathic (M.D.) or osteopathic (D.O.) physician.¹⁴ A reported 20 insurance companies in the United States currently provide third-party insurance reimbursement for acupuncture and Oriental medicine.¹⁷ The best and most promising research related to acupuncture's beneficial effects has been in treatments involving pain management, substance abuse, antiemesis, paralysis secondary to stroke, and pulmonary disease.²

The fundamental concepts of Oriental medicine are strongly influenced by philosophical and metaphysical world views of Taoism, Confucianism, and Buddhism. The essential substances are the body/mind building blocks and include: *Qi* (pronounced "chee"), or vital energy, and *shen* (spirit), blood (includes the meridians), *jing* (basis of reproduction and development), and fluid (urine, saliva, sweat, gastric juice). Meridians are the pathways of flowing *qi* energy, which connect the organ systems to one another and regulate their function.¹⁸

Acupuncture techniques activate points on a meridian pathway to alter energy flow and restore normal organ function. The concept of yin and yang harmony (i.e., equilibrium between opposite forces) and the five phases represented by the elemental natures of fire, earth, metal, water, and wood are used to describe imbalances and the properties of therapeutic modalities. The causes of illness or disease include: (1) the external causes (the six evils) of wind, cold, fire, damp, summer heat, and dryness; (2) the internal causes (damage by the seven affects) of joy, anger, anxiety, thought, sorrow, fear, and fright; and (3) nonexternal, noninternal causes of illness, such as dietary irregularities, sexual excess, taxation fatigue, trauma, and parasites.¹⁸ Diagnostic procedures involve the four examinations: inspection, listening and smelling, asking, and touching or palpation. Listening and smelling are included together as an examination procedure. Like Ayurveda, the use of pulse patterns, assessment of the tongue and physical features, examination of the urine, and examination of mental and emotional factors are included in the diagnostic work-up.

Homeopathy

Homeopathy originated in Germany in the 1700s. By the end of the nineteenth century in the United States, 15% of physicians were practicing homeopathy and 22 homeopathic medical schools were in operation.¹⁴

Today, homeopathy is widely practiced worldwide, especially in Europe, Latin America, and Asia.¹⁴ Homeopathy has been cited by the World Health Organization as one of the systems of traditional medicine that should be integrated with conventional medicine to ensure adequate global health care by the year 2000.¹⁹ Homeopathy, naturopathy, and chiropractic have philosophical roots in Hippocratic medicine.²

The practice of homeopathy (and other types of alternative medicine) dramatically decreased in the United States following the publication of the Flexner Report, which established guidelines for the funding of medical schools, in 1910. The guidelines endorsed funding, primarily of institutions approved by the American Medical Association (AMA), thereby crippling competing schools of medicine.^{20,21}

In the past 15 years, homeopathy has experienced a revival. An estimated 3,000 physicians and other health care practitioners currently use homeopathy.¹⁴ The practice of homeopathy is licensed in many states according to their "scope of practice" guidelines for allopathic physicians, dentists, naturopaths, chiropractors, veterinarians, acupuncturists, nurse practitioners, and physician assistants. Connecticut, Arizona, and Nevada have separate homeopathic licensing boards granting approval within their domains. Specialty certification (D.Ht.) for M.D.s and D.O.s is granted through the American Board of Homeotherapeutics. For naturopaths, certification (D.H.A.N.P.) is issued by the Homeopathy Academy of Naturopathic Physicians. For general practitioners of homeopathy (who are trained in homeopathy but do not have a medical

degree or license), certification (C.C.H.) comes through the Council for Homeopathic Certification.^{14,17} The Food and Drug Administration recognizes more than 2,000 homeopathic remedies as official drugs and regulates manufacturing, labeling, and dispensing through guidelines established in the Homeopathic Pharmacopeia of the United States, first published in 1897.^{2,14,15}

The philosophy of homeopathy regarding the function of the human body and spirit is centered around the concept of the vital force or life force. Disruption of the vital force via internal or external events can cause illness or debilitation. The vital force reacts to the disruption by altering the body's function (including mental and emotional components) but does so in the least harmful manner it can, given the condition of the body. The sum of the many changes in bodily function constitutes the identity of that individual's condition or "similimum."

The treatment or remedy that will restore normal function has the same similimum as the patient's condition; thus, like cures like. These plant, mineral, and animal-derived remedies are given in highly diluted and potinized doses that stimulate the vital force to restore healthy normalized function. Thus, unlike the other alternative treatments, homeopathy has only one treatment modality, medication in the form of the remedy.

The diagnosis is made by analyzing information gathered by interviewing the patient or case-taking. Since most licensed homeopaths also are trained in conventional medicine, physical examinations and laboratory tests are used when warranted, but information given by the patient is the only way to find the right remedy. So, not only are physical, general (e.g., temperature, weight, sweating), functional (e.g., pain, thirst), and etiological symptoms explored, but modalities and peculiar, or idiosyncratic, features also are considered very important. Modalities are factors by which symptoms are modified (intensified or relieved) as manifested at specific times during the day, the environment, diet, or emotional state.

Chiropractic

Chiropractic is the third largest independent health profession in the Western world, following conventional medicine and dentistry.² In contrast to homeopathy, which has medication as the only treatment modality, chiropractic excludes pharmaceutical therapies and centers its treatments on manual adjustment or manipulation of the spine. These practitioners believe that the relationship between the structure of the spine and the function of the nervous system is integral to the human body's ability to restore and preserve health.

Chiropractic philosophy and practice primarily focus on five concepts: (1) the human body has the innate ability to heal itself and maintain homeostasis; (2) the nervous system influences all other systems of the body and plays an important role in health and disease; (3) the presence of structural distortion may interfere with the ability of the neuromuscular skeletal system to act efficiently and lead to or occur with dis-

ease; (4) adjustment of the structural distortion by appropriate manual and physiologic (e.g., electrical physical therapy) procedures can allow the body to regain health; and (5) diet and exercise are important adjuncts to maintain health.^{2,14}

Chiropractic practitioners evaluate an individual's symptoms in a holistic fashion and do not assume the site affected is the source of the problem. They are trained in state-of-the-art physical examination techniques, radiology, laboratory diagnosis, orthopedics, and nutrition. All of these tools are used to make diagnostic evaluations.

Like homeopathy, chiropractic has been affected by AMA mandates. In 1963, the AMA created the Committee on Quackery, which subsequently labeled chiropractic as "an unscientific cult" and barred AMA members from associating with or referring clients to chiropractic practitioners. In 1976, five chiropractors filed the first of six antitrust suits against the AMA for such actions. In 1990, the United States Supreme Court affirmed a lower court ruling in which the AMA was found guilty of antitrust violations for having engaged in a conspiracy to contain and eliminate the chiropractic profession.^{1,2,22}

Today, chiropractic is a well-established practice. In 1993, more than 45,000 licensed chiropractors were practicing in the United States; currently, chiropractors see 12%-15% of the U.S. population in a given year.¹⁴ Third-party payers are accepting chiropractic services in increasing numbers. Research has demonstrated efficacy of chiropractic treatment, and professional standards of care have been developed.¹⁴ The primary accrediting agency in the U.S. for chiropractic doctors (D.C.) is the Council on Chiropractic Education. Every state licenses chiropractic; however, practice privileges vary from state to state.

Naturopathy

Naturopathy is a primary care system in which practitioners are trained to use the diagnostic and natural therapeutic approaches of several alternative healing systems, including some already mentioned: homeopathy, chiropractic techniques, hydrotherapy, and Oriental medicine (herbals, acupuncture). Also integrated into this system of practice are the diagnostic and therapeutic approaches of conventional medicine, including clinical nutrition, botanical or plant medicine, environmental medicine, and laboratory methods.^{2,14} Environmental medicine involves the assessment of idiosyncratic reactions to environmental factors and foods. Objective assessment of nutritional status, metabolic dysfunction, digestive function, bowel flora, endogenous and exogenous toxic load, and liver detoxification function all are included in laboratory methods used by naturopaths.

Naturopathy also was adversely affected by the Flexner Report of 1910, but, like homeopathy, the profession has experienced a resurgence. Today, more than 1,000 licensed naturopathic doctors (N.D.s) practice in this country. Seven

U.S. states grant licenses to practice naturopathic medicine. In a number of other states, statutes allow naturopathic practice to take place within a specific context.¹⁴

The naturopathic practitioner believes most illness is caused when the laws of nature or "Natural Living Laws" are violated or ignored. Primary examples of activities in compliance with these laws involve activities such as these:

- consumption of natural, unrefined, organically grown foods
- adequate exercise and rest
- a moderately paced life style
- constructive and creative thoughts and emotions
- avoiding environmental toxins
- proper elimination maintenance

To control illness, naturopaths believe the whole person needs to be treated; thus, emphasis is placed on integrating the physical, emotional, social, and spiritual components of the patient into the treatment plan.² The approach for each patient is individualized according to the following primary principles:

- recognition of the body's inherent ability for self-healing
- identification and treatment of the cause of disease, rather than merely elimination or suppression of symptoms
- use of therapies that do no harm in establishing and maintaining optimal health and balance
- maintaining the role of a teacher in administering therapeutic care

Natural Medicine

Nutritional and natural medicine practices primarily use treatments involving nutrient substances, natural resources (e.g., water), and natural products to promote health and healing. Natural medicine treatments involve the therapeutic application of water in various temperatures. Diet and supplementation of organic substances and micronutrients are the primary treatment modalities, but lifestyle changes—including exercise and decreased use of synthetic drug products—also are emphasized.

Natural products such as plants have been used by human beings for food, medicine, and religious rites for more than 60,000 years.²³ Europeans honor this tradition by using the World Health Organization's Guidelines for the Assessment of Herbal Medicines in assessing substances for medicinal purposes. These guidelines state that an herb's historical use is a valid way to document safety and efficacy in the absence of scientific evidence to the contrary.¹⁴

In the United States today, herbal medicines are used as an integral part of a comprehensive therapeutic approach designed by alternative healers such as Ayurvedic, naturopathic, Oriental medicine doctors, and Native American Indian herbalists. Consumers also purchase and use herbal remedies for self-therapy.

The herbalist may have undertaken formalized training or may have obtained instruction through a long apprenticeship.

Herbal treatments can involve the use of an individual plant species, or, as in Oriental medicine, it may consist of a combination of different plants with complementary effects. Herbs not only are ingested but can be administered as soaks or used in other dermatologic preparations. These products can be obtained easily and used without the guidance or supervision of a professional. Consumers often consult written references rather than knowledgeable individuals about these treatment approaches. They may not even think of them as drugs that they should disclose to their physicians or pharmacists. Pharmacists should remember to ask directly about herb use to obtain a complete drug therapy profile on their patients.

Massage and Manipulation

Massage, manipulation, and restructuring practices primarily use hands-on techniques to perform therapeutic interventions that restore function and emotional health. Generally, drugs are not used. Instead, the practitioner's hands (and sometimes forearms, elbows, and feet) deliver the treatment by manipulating soft tissue and realigning body parts. The manipulation of a body part often can secondarily affect the function of other discrete, not necessarily directly connected, dysfunctional body parts and return the body to its normal state. Massage is one of the oldest methods in health care practice, and many different kinds of massage or techniques are available. By 1992, 19 states licensed massage therapists.¹⁴ Massage schools are accredited by the National Certification Board for Therapeutic Massage and Bodywork.¹⁷

Movement and Meditation

In movement, exercise, and meditation practices, the healer engages patients in physical and mental activities that change their level of consciousness and usually also affect physiologic function. Patients develop a better understanding of the mind/body connection, allowing them to express emotions and experience physical symptoms with a new, clearer perspective. Practitioners teach patients the techniques used to initiate self healing. Mind-body practice therapists use movement therapies, but they also may use massage and manipulation (body work) and psychotherapeutic techniques in the process. Most of these practices are not licensed by states, although many have certification processes.

Energy Healing

Subtle energy healing systems use the life force that flows through the body and psyche. Practitioners detect illness by assessing disruption of a person's life force or energy field. The life-force energy of the practitioner is used to heal or correct the disruptions. The mind-body techniques used to access the life force generally have a spiritual basis.

Shamanic medicine also deals with illness on the spiritual plane and often uses plant medicine to diagnose and treat illness. The shaman uses the practice of journeying to nonordi-

nary reality to contact the spirit world to ask direction in bringing healing to a person or community.

For both of these systems, practitioners generally have a talent or heightened sensitivity to human energy forces. Training is primarily by apprenticeship, but several formal training programs exist in the United States for these practices.

ROLE OF ALTERNATIVE MEDICINE IN MANAGED HEALTH CARE

The health care consumer in the United States today is more knowledgeable about alternative medicine options and conventional medicine's foibles. Consumer medication use is not solely a function of biomedical or clinical knowledge and experience. All medication use occurs in a social context.²⁴ A consumer's decision to seek care, choice of a specific medication (whether prescribed or in self-medication), and use of that product is influenced not only by the physical symptoms he or she is experiencing but also by what the consumer knows, with whom they interact regarding their problem, and the situation in which their problem occurs.

Managed health care patients, who pay a premium for their health care, are likely to first try medical/pharmaceutical answers or conventional medicine to handle their medical problems. However, as these measures fall short of patients' expectations, they can be expected to explore other avenues of health care.

The recent article in *U.S. News & World Report* about pharmacists failing to catch potentially life-threatening drug interactions is a case in point.²⁵ As has been reported in Eisenberg's study, the probability that an individual patient who saw a medical doctor and also used unconventional therapy in 1990 was higher than one in three for patients with anxiety, obesity, back problems, depression, or chronic pain.²⁶ This study also reported expenditures of \$13.7 billion for alternative medicine treatments. A recent review estimated that patient visits for acupuncture to physician and nonphysician practitioners are occurring at a rate of nine to 12 million per year in the United States.²⁷

Greater consumer control over medication use has emerged recently as a result of the pervasive consumerism movement in American society.²⁸ This expanding consumer consciousness, as well as the desire to know more about what is going on and to have a say in it, is very evident in health care. Patients want more information about their state of health; they want personal control over their own health care. They want to be "in charge" of staying healthy or getting better if they become ill. On this note, one of the reasons that alternative medicine is experiencing growth and widespread acceptance is greater patient participation during the health-assessment process and more patient participation in treatment measures prescribed. Managed care organizations may want to consider the member satisfaction they could gain from

including some of the more popular and successful alternative practices into their health care plans.

CONCLUSION

More and more Americans are getting health care services through managed care organizations. With competition for members increasing, client satisfaction will contribute to the success of managed care organizations. These groups also need to provide care for greater numbers of patients with chronic diseases for longer periods of time. More long-range outcome assessment studies will be needed to ensure cost-effective management of chronically ill clients. Outcomes research should include the study of the effectiveness and economic value of alternative medical treatments. Conventional and alternative practices have not fully embraced one another, but now that long-term outcome studies are more accepted and patient satisfaction is becoming a requisite for managed care, these practices have a better chance of becoming integrated.

With any form of self-medication, consumers decide what therapy to take and monitor themselves; however, they still may seek advice and guidance from a conventional health professional, oftentimes a pharmacist. Consumers also use alternative healers and their approaches for treatment. For managed care organizations, consumer decisions to use alternative therapies will result in both the decreased use of pharmaceuticals and decreased office visits. Improper and ineffective self-medication and adverse drug events from unmonitored combinations of allopathic and alternative therapies have the potential to increase managed care costs. Pharmacists may have the opportunity to participate in the integration of conventional and alternative medical practices and to monitor the impact of alternative treatments on conventional drug therapy. Rejecting alternative medicine may be a missed opportunity to apply cognitive services for monitoring the effect of these increasingly well-accepted therapies. ■

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