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Energy Therapies and Financial Aspects

or

Reflections on the Current Situation in Complementary Medicine

The following is adapted from my presentation at the ASCA forum on September 10, 2005 in Zurich.

In retrospect September 11, 2001 and that horrific image of the two towers of the World Trade Center crashing down marked a turning point.

I wonder now if the imploding towers heralded the disintegration of patterns and paradigms. Wasn't their impressive architecture symbolic of hope? Hope for a new world order and economic growth?

For a while a situation that was termed as "hype" seemed to corroborate this optimism even though, by the end of the 90s, there were clear signs of change.

"Hype" meant that there was enough capital available – at least in the industrialized nations – to make possible all kinds of things.

Take creativity, to mention one among many

- Creativity that found expression in the striking architecture of the towers, completed in 1973, a typical sign of wealth since time immemorial.

The 'quest for knowledge' was affordable

- Skill and talent, the dynamics of progress

were generously funded. Research and development contributed enormously to the accelerated distribution of knowledge.

On September 11, 2001, as the towers burned, this almost dream-like mood of an era of unlimited opportunity ended abruptly.

Since then our perception of global problems and quotidian situations has undergone a change and much that was previously taken for granted is now questioned. Capital spending is more cautious and projects that might have been funded before 9/11 face greater scrutiny and tougher opposition.

Let's take a look at the current situation in complementary medicine. To avoid misunderstandings, I need to clarify a conceptual definition. Complementary medicine involves all therapies which are outside the realm of conventional medicine,

including those that are not mentioned in the Program for Evaluation in Complementary Medicine. (PEK).

My work as a practicing energy therapist is based on the Klaus Radloff method , but I also work with Bach flower remedies. My many years of business experience underlie my interest in the intricacies of this subject. While illuminating the background of the current situation, I will only deal superficially with the topics which were discussed in detail in different publications preceding the Federal Government's decision.

From the many possible subjects I have chosen to focus on

1) Differences in comprehension between complementary medicine and conventional medicine

Valuation and economic importance

and

2) Therapeutic Diversity in the service of our clients/patients

Success and Frustration

Different approaches to the individual issues

3) Outlook/Objectives

Let's take a look at the current state of affairs.

1) Differences in comprehension between complementary medicine and conventional medicine

Valuation and economic importance

What first springs to mind is

- **conventional medicine and complementary medicine are based on different levels of comprehension**

I have noticed that supporters of both factions are often at cross-purposes – and I recall the televised discussions regarding the absence of complementary methods in basic health insurance.

I would like to demonstrate the causes for this controversy in light of the definitions of the two healing methods, as well as the valuation of treatments. To begin with I would like to quote from the complete documentation of the NVS Schule AG.

“Alternative medicine/natural healing comprises: methods of diagnosis and treatment based on knowledge and experience and considers the person in his/her physical, psychological, sociological, biological complexity a whole” etc.

When a particular procedure in complementary practice is shown to have good results, the patient usually feels better after treatment. His or her ailments have either diminished or disappeared altogether, and we can deduce that the treatment has been effective and that more patients would benefit from similar therapies.

Observation and experience are significant and, again, encompasses the patient, the ailment, and its treatment as a whole.

For example:

Client 'A' complains of pains in the lower back and pelvic region. She has had conventional treatments. The injections and unctions helped, but after a while the pains and discomfort returned.

I diagnose a pelvic misalignment and can alleviate it with a few expert manipulations. The client is satisfied, the pains are gone.

Client 'B', with almost identical pains, previously treated according to conventional methods, is a different story. The proven manipulations do not rectify the pelvic misalignment. Why? Apparently there is something wrong with the balance of energy in the large intestine (colon and bladder). The client is not drinking enough. This is where to look for possible causes that will affect back, pelvis, etc.

Mainstream medicine has a different approach and a different evaluation of the effectiveness of a treatment, in most cases. In diverse publications we might read something like the following:

“In the widest sense, conventional medicine deals with the diagnosis of, the prevention and treatment of, human illnesses, be they of a physical or psychological nature. It follows then, that ‘medicine’ refers to the science of human illness as well as the practical application of this science.”

Or,

“Conventional medicine (in contrast to the wide field of alternative/complementary medicine) is generally defined as that medicine studied at universities. It’s dedication is to natural sciences, statistical valuation and even scepticism in regard to its own methods.”

However, admittedly

“Trends and unsubstantiated theories are not unknown in mainstream medicine. The situation is gradually improving and contributing to generally verifiable results of diagnostic and therapeutic methods”.

Evidence based medicine has recently been able to satisfy safety and accuracy requirements of conventional medicine. I quote from “What is and what is not evidence based medicine” by David L. Sackett et al:

“EBM” or evidence based medicine, is the conscientious, intentional and sensible application of the currently best external scientific evidence for individual decisions in health care. In practice EBM encourages integration of individual clinical expertise with the best possible evidence in systematic research.”

In other words, as soon as the efficacy of therapies – or drugs - is proven they can be used. Proof of effectiveness in conventional medicine is mostly based on anonymous data and experience such as gained in surveys, for instance. These do not allow for probabilities behind the individual's complex of ailments.

In which case the “individual” therapy could be regarded as a repeated same or similar process and less as a truly individual solution.

To recall the aforementioned examples of misalignment of the pelvis: it would be difficult to test the various therapies for their efficacy according to regulations of evidence-based medicine.

The idea of evidence-based medicine originated in the second half of the 18th century as a concept developed by British medical doctors, known as “medical arithmetic” (William Black: Arithmetic and medical Analysis of the Diseases and Morality of the Human Species, London 1789).

This standard work shows that they were looking for help to sort out the abundance of therapeutic methods that already then contained many elements of current complementary medicine.

Nevertheless, evidence based medicine can be very helpful as will be seen from the following case.

Some years ago I had a skiing accident and badly fractured my leg. I also had a head injury. The leg had to be operated and I was aware that it was all standard procedure – so I was not a guinea pig!

Nevertheless, today I would take advantage of an energy post treatment – the accident produced side effects on my body systems that are not treated in conventional medicine.

Besides, the search for unequivocal, repeatable, methods results in standardization so that it doesn't matter where my leg is treated, in the hospital in Davos or in the Triemli hospital in Zurich. The procedure is likely to be similar.

This, again, is fundamental to quality control even in very complex therapies. Procedural improvements, such as well thought-out work steps and exclusion of cost intensive unproductiveness is, above all, an important prerequisite for financial gain. Profitability and financial statistics are both to be found in conventional medicine.

It was apparent during the PEK debate mentioned earlier, that mainstream medicine was able to insist on its scientifically documented superiority, as the main argument for excluding from basic health insurance the complementary methods evaluated by the PEK.

I shall briefly go into this by quoting an excerpt from a European survey on “Unconventional Paths in Medicine” (It's interesting to note here that the EU survey is an attempt to balance the different points of view in complementary medicine in European countries.)

I quote:

“There are obvious discrepancies between the premises and methods of conventional and evidence based medicine (herein termed complementary medicine). Both sides are in danger of being misunderstood and of misunderstanding each other. Generalizations or value criteria, that can supposedly be applied to the whole field of conventional or evidence based medicine, should be gradually replaced by discriminate statements” etc.

Perhaps if “discriminate statements” – as they are termed here – had existed, the treatments in question might not have been excluded of from basic health insurance.

The fact is that providers of complementary medicine have to expect losses in salary. Patients without supplementary insurance coverage might think twice before engaging the services of complementary therapists. Also patients might possibly flee back to the “lap of conventional medicine” even though they had good results in complementary medicine.

What are the reasons for this development?

To explain I’ll have to turn back the pages of history a little:

Its seems that some medical treatments (for instance, cupping, neural therapies, etc.) that were taught at university clinics well into the 50’s of the last century and daily applied in conventional sick rooms, lost their right to exist in competition with the so-called more modern treatments.

Doctors who continued to apply these traditional methods were harshly criticised by their colleagues. The market was aware of disputes as to the effectiveness of the therapies, with the result that patients expected state-of-the-art treatment and, especially following World War II, there was a great demand for progress.

From a theoretical point of view, this development can best be explained in the words of the philosopher and theoretician, Karl Popper.

Characteristic of evidence-based or empirical sciences, such as conventional medicine, is the inductive method which, in lay language, means “generalization”.

Popper uses the following example to illustrate this method:

Because we observed only white swans, doesn’t mean that all swans are white. The problem with induction therefore, is that the conclusion arrived at is based solely on what we have observed, and we tend to make statements on subjects that we know little or nothing about.

In our case I interpret this to mean that conventional medicine usually applies the inductive method, working on the premise that its analyses in conventional therapy can be just as successfully applied to complementary methods! Apparently, doubting their own methods is an intellectual problem for representatives – and important ones at that – of conventional medicine. All swans are white!

From an economic point of view it is understandable that complementary methods are regarded as unwelcome competition by conventional medicine and are therefore excluded.

Here is a brief outline of the historical and theoretical developments including some figures:

- According to the PEK survey final report, 10.6% of the persons interviewed had been treated under one of the five methods inspected by PEK between 1997 and 2002.
- A survey undertaken between 1993 and 1995 on “Complementary Medicine in Health Insurance” came up with some interesting results: The test group with a free-of-charge clause for complementary medicine tallied only about 5% cost increase in complementary methods as compared to those individuals in the control group without any such insurance protection!
- In 2002 health costs in Switzerland rose to 43.3 bn.
- In comparison, an article in the Tages-Anzeiger, dated April 5, 2005, stated that in "2003 providers of alternative medicine were able to bill a total of 30 m through basic health insurance".
- According to the PEK, between 9.2 % and 10.3% of the entire population over 15 years of age claimed one of the five complementary methods between 2001 and 2002.
- In the year 2000 about 2.3% of the total health costs were spent on prevention and health promotion.

The above statements and figures are approximate individual values and are partly taken from a greater context. Nevertheless they indicate portions of complementary medicine treatments in comparison to conventional treatments.

It is important to note that these figures do not include treatments that were paid out of pocket and, therefore, not in the PEK survey.

All the more reason then, to wonder why prior to the PEK decision there was so much fierce opposition from various sources against the definite increase of basic insurance.

The most plausible of many possible answers seems to me Ms Suna Yamaner's, economist, of Metapuls, a firm in Zurich. I quote

“Anything that is economically incomprehensible is worthless.”

This correct evaluation can be substantiated as follows:

Compared to the economically more attractive fields of conventional medicine the complementary treatments must seem quite irrelevant. I stress “seem” as many consumed therapies, as already mentioned, are neither economically nor statistically evaluated.

Complementary treatments are therefore regarded as economic “lightweights” not relevant enough to make a difference on political processes.

Are there ways out of this dilemma?

A much discussed point of view is that of holistic medicine and it is my observation that mainly doctors in relevant positions are responsible.

So it's safe to assume that the term “holistic medicine” is weighted by doctors and so a further step is made in the direction of monopolising complementary methods by mainstream doctors. In which case the work done by certified professionals in complementary medicine would again be marginalized.

The following attempted solutions come to my mind.

1. The surveys done so far, including those of the PEK, must be re-evaluated as regards continuity and logic.
2. The economic importance of services performed in complementary medicine by non-medical practitioners should be evaluated and made transparent: possibly grouped under wellness, prevention and therapy.
3. The long-term effects of complementary therapy and or prevention must be studied. Up to the present, mainly data regarding the effect and economic importance of the complementary treatments for periods of less than 10 years are collated. Many complementary professionals and patients argue that there were many cases of sustained improvement in the general health of the patients. This in comparison to relevant conventional treatments.
4. Each of the complementary professionals documents secure data on patients, illness, therapy costs in logical, long-term statistics.
5. To plan and implement these measures we need suitable and, above all, professional tools.

Data gathered in this way could substantiate that complementary treatments offered by non-medical professionals:

- in many cases show better results and are cheaper than the usual conventional methods,
- are subject to strict quality control,
- are extremely well suited to prevention, and
- contribute greatly to savings in health costs

I am fully aware that there are no easy solutions to the above. But the situation, particularly the decision of the Federal Government – calls for professionalism in dealing with those calling the economic and political tunes.

A paradigm shift in public service is necessary not only in complementary medicine but in conventional medicine, too, in order to counter rising costs and still be able to ensure public health services.

I shall only dwell briefly on the second theme of my presentation, namely

2) Therapeutic Diversity in the service of our clients/patients

Success and Frustration

As a rule, all patients and consumers can take advantage of the many treatments available today. It's up to you to decide, in a liberal market catering to your individual needs, where you would like to be treated.

In my practice, I notice that patients often go to other providers of complementary therapeutic treatments as well.

I would like to point out a few consequences of “manifold therapeutics”, consequences that, when presented as counter arguments, weaken the position of complementary medicine:

- weakening of the effects of the individual treatments
- parallel uncontrolled consumption of various medicines
- patients' cases are not optimal as regards duration and complexity
- present structures make it difficult to control quality
- unnecessary additional costs, even when these are partially paid by the patients
- patients who could be affected by therapists' conflicting energies! I'm thinking of radionics here.

Further to the solutions already mentioned we might consider a discussion along the following points

1. A network of providers of complementary treatments should be fostered, especially in view of the importance of systematic data gathering
2. Less competition and more cooperation among providers of complementary medicine would be welcome
3. 'Case Management' and 'Gate Keeper' might be considered as models for complementary medicine, too
4. Incentive systems might encourage patients to undergo a single well-planned therapy, instead of trying several therapy providers.

3) Outlook/Objectives

In conclusion I should like to present a few personal thoughts.

Helping or healing as a profession usually requires a sound financial policy. In our roles as providers of complementary medicine we should always bear this in mind. I encourage you, therefore, to think about the suggestions here presented.

Let's stop being a quantité négligeable – marginal! Let's use the available ways and means to change the current situation in the Public Health System!