

# Chronicles of Complementary, Alternative & Integrative Medicine



## Short Commentary

Hiroshi Bando\* Chronic Complement Altern Integra Med: CCAIM-100007

## Development of Integrative Medicine (IM) with Complementary and Alternative Medicine (CAM) Across the World

Hiroshi Bando\*

The Chairman of Shikoku Island Division, Integrative Medicine Japan (IMJ), Tokushima University, Japan

\***Corresponding author:** Hiroshi Bando, The Chairman of Shikoku Island Division, Integrative Medicine Japan (IMJ), Tokushima University, Nakashowa 1-61, Tokushima 770-0943 Japan, Tel: +819031872485, E-mail: pianomed@bronze.ocn.ne.jp

**Citation:** Bando H (2019) Development of Integrative Medicine (IM) with Complementary and Alternative Medicine (CAM) Across the World. Chronic Complement Altern Integra Med: CCAIM-100007

**Received Date:** 31 May, 2019; **Accepted Date:** 07 June, 2019; **Published Date:** 14 June, 2019

**Keywords:** Complementary and Alternative Medicine (CAM); Hino-hara-ism; Integrative Medicine (IM); Japanese Music Therapy Association (JMTA); New Elderly Association (NEA); Traditional complementary and alternative medicine (TCAM)

### Commentary

Congratulations for the inaugural issue of *Chronicles of Complementary, Alternative & Integrative Medicine (CCAIM)* [1]. These fields of this journal include Complementary and Alternative Medicine (CAM) and Integrative Medicine (IM). Both of CAM and IM have important roles in current medical practice worldwide. The reason involves in the fundamental philosophy for the patient-oriented medicine, which are observed also in holistic medicine, primary care medicine, family medicine and psychosomatic medicine. They always have three important aspects, which are bio-, psycho- and social- point of views. These have been crucial factors for the actual management in the medical care and cure.

IM is the actual practice of patient-centered medicine by fusing various treatments and medicines. Not only scientific modern medicine, but also traditional medicine and CAM, empirical traditional / ethnic medicine are widely included and examined [2]. The features of IM are as follows: 1. patient-centered medical care, 2. holistic medicine including body, mind, society, family, environment and all human health care with spiritual aspects, 3. promoting the individual's natural healing power, disease prevention and health, as well as the treatment.

IM consists of CAM and usual Western Medicine (WM). Consequently, IM has covered wide range of medical practice and treatment [3]. Generally speaking, various medical situations in the world can be classified into two groups. One is rather WM-

oriented area in developed countries, and another is rather CAM-oriented area in developing countries. The former would be roughly observed in European and North American, and the latter would be found in African, Asian countries and others. These include medical, social, and political differences.

CAM has been prevalent in European countries [4]. There are variety of treatments from health-related point of view [4,5]. These trends have been found in other western countries, with the acceptance and application of CAM [6]. CAM modalities were studied in four categories, which are alternative medicinal systems, manual therapies, mind-body therapies and traditional Asian medical systems [4]. The ratio of applied CAM were various from 10% in Hungary to 40% in Germany. From the economic aspect, mind-body therapies showed characteristic point of lower income area and other 3 modalities showed higher income area [4]. Consequently, there were some socioeconomic inequalities in health service use. Furthermore, lots of existing CAM investigations reveals methodological shortcomings, inadequate definitions, or recall bias as to long survey measures. Then, it is rather difficult to show cross-country comparison of CAM utilization [4,7].

On the other hand, CAM has been widely used in developing countries, such as African and Asian regions. Among several types of traditional medicine, traditional complementary and alternative medicine (TCAM) has been used in this sense. The prevalence of TCAM in developing countries would depend on various situations related to historical and cultural influences, legal regulations, affordability and accessibility of TCAM in comparison with modern medicines [8]. According to the report of World Health Organization (WHO), the prevalence of TCAM seems to be about 80% in developing countries [9]. In some cases, TCAM would be only way to receive medical care, because of the lack of accessibility of modern medical facilities [8].

**Citation:** Bando H (2019) Development of Integrative Medicine (IM) with Complementary and Alternative Medicine (CAM) Across the World. Chronic Complement Altern Integra Med: CCAIM-100007

Because of economic problems, developing countries would not have enough medical care, such as required surgical care, skill set / facilities, legal regulations, cultural attitude, radiation therapy and so on [10]. Furthermore, low income levels in developing countries may cause the lack of incentive activity for pharmaceutical medical companies to proceed necessary medications [10].

CAM includes various kinds of treatment and care. Among them, most common and accepted by many people are Chinese medicine, acupuncture, massage, music therapy, aromatherapy and others. Author and colleagues have continued the management of the CAM and IM activities as the Shikoku division of Integrative Medicine Japan (IMJ). Shikoku Island is one of four main islands in Japan, and we have already published 11 annual journals so far, including various actual IM practices. In particular, we have practiced music therapy session, workshops and lectures, including 9<sup>th</sup> annual congress of Japanese Music Therapy Association (JMTA) in Shikoku (2009). Our activities include the philosophy of Hinohara-ism, which was presented Dr. Shigeaki Hinohara of past president of St. Luke International hospital in Tokyo associated with the movement of New Elderly Association (NEA) for years [11].

Music therapy has been available and effective for in-patient integrative oncology consultation service [12]. Applying assessment scale, there were clinically significant improvement for several symptoms, such as anxiety, drowsiness, depression, nausea, fatigue, pain, shortness of breath and appetite [12].

In the clinical practice, several kinds of CAM have been used for cancer patients. There are some recent reports. From the data of National Health Interview Survey (NHIS) with 2967 cases, 35.1% of cancer adult patients were reported using some form of CAM [13]. Among them, most common types were herbal therapies (56.8%), chiropractic (27.1%) and massage (24.9%).

From the data of 61 researches with 21249 cancer patients, 51% of them used CAM. The Common demographic characteristics for CAM user were younger, female patients, having higher education, earning a higher income and having previously used CAM [14]. Due to the report of National Cancer institute (NCI), providing comprehensive care has been increasing in the cancer centers [15]. Various treatments include not only material on nutrition, dietary supplements, herbs, but also exercise, acupuncture, meditation, yoga, massage therapy and music therapy [15].

In contrast, there was a study of applying TCAM for cancer patients in developing countries [3]. From 2365 publications, 25 studies with 6878 cases were analyzed. As a result, 54.5% of patients used TCAM and 26.7% of participants in median reported combining two systems of medicine. It indicates that application of TCAM for cancer patients would be common in developing countries [3].

Thus, several data of the prevalence situation in developed and developing countries were described. However, the significance and benefits of IM and TCAM would be each patient-oriented specific treatment rather than statistic or evidence-based data. Consequently, patient expectance would be increased in current complex medical circumstances nowadays.

Recently, a new concept in medicine, ‘Halalopathy’ has been proposed and introduced in IM and CAM [16]. It represents any medicine which is derived from conventional or non-conventional therapies. It has been based on the compatibility between therapy and individual’s belief where the ‘power of the word, tranquility and therapeutic agents’ can work cooperatively in order to induce more effective treatment [17].

As mentioned above, the application of CAM has been developed so far, and CAM has been recognized as one of the important option for the treatment and care in chronic diseases [18]. For the future situation of CAM and IM, we have to recognize the mission for the patients. As a reference, there has been the mission of the Whole Person Care (WPC) [19]. It is “To transform western medicine by synergizing the power of modern biomedicine with the potential for healing of every person who seeks the help of a healthcare practitioner”. We have to continue and develop CAM and IM with our philosophy and adequate application for each patient in front of us.

## References

1. <https://grfpublishers.com/journals/view/MjA=/Chronicles-of-Complementary-Alternative-Integrative-Medicine>.
2. Casarin A, Tangkiatkumjai M, Walker DM (2019) Complementary and Alternative Medicine: Breakthroughs in Research and Practice. Information Resources Management Association (IRMA). USA.
3. Hill J, Mills C, Li Q, Smith JS (2019) Prevalence of traditional, complementary, and alternative medicine use by cancer patients in low income and lower-middle income countries. *Global Public Health* 14: 418-430.
4. Kemppainen LM, Kemppainen TT, Reippainen JA, Salmenniemi ST, Vuolanto PH (2018) Use of complementary and alternative medicine in Europe: Health-related and sociodemographic determinants. *Scandinavian Journal of Public Health* 46: 448-455.
5. Fischer FH, Lewith G, Witt CM, et al. (2014) High prevalence but limited evidence in complementary and alternative medicine: Guidelines for future research. *BMC Complement Altern Med* 6: 14-46.
6. Clarke T, Black LI, Stussman BJ, et al. (2015) Trends in the use of complementary health approaches among adults: United States, 2002–2012. *Natl Health Stat Report* 79: 1-16.
7. MacArtney JI, Wahlberg A (2014) The problem of complementary and alternative medicine use today: Eyes half closed? *Qual Health Res* 1: 114-123.
8. World Health Organization. (2013). WHO traditional medicine strategy 2014-2023.
9. World Health Organization. (2002). WHO traditional medicine strategy 2002–2005. WHO Traditional Medicine Strategy World Health Organization Geneva.
10. Ruff P, Al-Sukhun S, Blanchard C, & Shulman LN (2016) Access to cancer therapeutics in Low- and middle income countries. *American Society of Clinical Oncology Educational Book* 36: 58-65.
11. Bando H, Yoshioka A, Iwashimizu Y, Iwashita M, Doba N (2017) Development of Primary Care, Lifestyle Disease and New Elderly Association (NEA) in Japan – Common Philosophy With Hinohara-ism. *Prim Health Care* 7: 281.

12. Lopez G, Christie Aj, Powers-James C, Bae MS, Dibai SS, et al. (2019) The effects of inpatient music therapy on self-reported symptoms at an academic cancer center: a preliminary report. *Supportive Care in Cancer*: 1-6.
13. Rhee TG, Pawloski PA, Parsons HM (2019) Health-related quality of life among US adults with cancer: Potential roles of complementary and alternative medicine for health promotion and well-being. *Psycho-Oncology* 28: 896-902.
14. Keene MR, Heslop IM, Sabesan SS, Glass BD (2019) Complementary and alternative medicine use in cancer: A systematic review. *Complementary Therapies in Clinical Practice* 35: 33-37.
15. Yun H, Sun L, Mao JJ (2017) Growth of integrative medicine at leading cancer centers between 2009 and 2016: A systematic analysis of NCI-designative comprehensive cancer center websites. *J Natl Cancer Inst Monogr* 2017.
16. Alzeer J (2019) Halalopathy: a science of trust in medicine. *Journal of Integrative Medicine*. 17: 150-154.
17. Alzeer J (2018) Halalopathic: A New Concept in Medicine. *J Mol Genet Med* 12 (2): 353-355.
18. Than MC, Anam A, Nurfarahik K, Asma A, Hayati MY (2019) Knowledge, use of complementary alternative medicine and health-related quality of life among cardiovascular disease patients. *Food Research* 3: 604 -616.
19. Dobkin PL (2019) Whole person care and integrative medicine: similarities and differences. *Int J Whole Person Care* 6: 1-5.