

Unconventional and Alternative Therapies in the Era of Major Therapeutic Advances in Rheumatology

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They can be called non-conventional treatment or alternative and complementary therapies, folk remedies, etc, but the truth of the case is that whatever the term that one employs, and in spite of the rapid scientific advances in medicine, these modalities and remedies are a reality in the quest for health of the general population.

In this number of *Reumatología Clínica*, Álvarez Hernández and the group from the Hospital General de México publish the results of their transversal study on the point prevalence of alternative and/or non conventional therapy users in their incident cases. Seven out of every 10 had used them and in some cases up to 14 remedies per patient. These numbers are very similar to those published in countries such as Canada, the United States, the United Kingdom, Australia, France, Germany, Israel, and in other cities of México.¹ The producers and providers of these therapies can vary, and have described more than 130 modalities and more than 500 remedies for the treatment of rheumatic disease; these go from skin creams, motor oil and marijuana with alcohol to the ingestion of urine and the implantation of “unborn pig hypophysis.”² There is strong evidence that the use of non-conventional treatment is a global phenomenon and is not limited to ethnic groups, social strata, economic situation, or particular illness, including rheumatic ones. However, serious investigation about patterns of use is scarce. It has been informed that, in general, the users come from all social standings, a bit more in middle or upper class and with formal education. There is also a tendency for more use among 25 to 50 year old women. In the particular case of rheumatic disease there has not been a consistent association with the education level or monetary income. As with the general population, rheumatic patients use conventional medicine and

remedies simultaneously, thought there are periods were they use non conventional treatment exclusively. None the less, what is consistent through different studies done in different countries is that:

- Most patients do not inform their rheumatologist that they are using non conventional treatments or that they have visited one of these health care providers.³⁻⁵
- The majority of patients use non conventional therapies under no medical supervision.³
- The majority of alternative treatment providers in different countries, including Great Britain, the United States, and México have no medical training whatsoever.⁶

There are very few publications about the patients' motivations to seek out non conventional treatment or to visit to non conventional therapy providers. The opinion of some is that the patients are disenchanted with modern medicine, but no evidence to this effect is shown. It is more likely that the motivations have 3 more simple origins:

- The first one is related to cultural congruence.⁷ While in traditional medicine the cause of the majority of inflammatory rheumatic disease is unknown, and the medication used today was discovered, at the most, only some decades ago, the magical thought of where non conventional treatments and remedies are derived from has assigned a cause for arthritis since thousands of years ago, and treatments have the same antiquity.^{7,8} For example, the first description of copper bracelets for arthritis appears in the Ebers papyrus in the year 1550 BC, and these bracelets are still sold periodically in some markets of México and Europe.
- The second is related to publicity. While non conventional treatments and their providers use mass media to publicize themselves, rheumatologists are largely unknown to the general population.⁹ One recent study of focal groups of healthy persons with a high education leveling México City found that the interviewed did not know what a rheumatologist was and could not identify more than 2 rheumatic diseases. However they did know about the existence of alfabetics, copper bracelets, herbs, and teas for the treatment of “rheumatism” and “arthritis.”⁹

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– The third origin of the motivations for the use of these remedies is related to the “business” factor. Extrapolating data from the bibliographic references it can be calculated that the potential market for non conventional treatments in the Americas is approximately 23 billion dollars per year, constituting good business for manufacturers and providers on non conventional therapies and remedies.¹

These 3 factors—cultural congruence, publicity, and business—interact, making the ancestral cultural penetration in the use of non conventional therapies and remedies perpetuate itself intentionally through publicity in lieu of the great profits derived from them. The study into the motivators and consumer conducts of non conventional treatments would be a good theme for a serious investigation.

The efficacy of alternative therapies, of non conventional treatments or of their providers is a very controversial subject due to 4 main reasons: poor methodological quality of most published clinical trials, the absence of laws in many countries that oblige manufacturers to show facts before claiming benefits and selling products, the fraudulent addition of prescription, medication, and the placebo effect.

Nonetheless, if the great number of patients that used these therapies and did not inform their doctors are taken into account, it would be logical to approach this subject from the patients viewpoint of efficacy. The patient is not ignorant as to what illness he or she has, in fact, they know more than the doctor. While the patient “knows” that his or her arthritis is caused by passing suddenly from cold to warm,⁷⁻⁹ the physician assigns an unknown or a “multifactor” cause to the same problem. Patients also evaluate the success of a treatment from a different perspective than the doctors. They don’t have among their parameters of efficacy the DAS28 or the Sharp score, nor the long term prevention of functional decline, so their expectations in most cases is restricted to the diminishing of unpleasantness in the short term. In other words, the patient perceives that their main problem is pain and does not have a clear picture of damage, and therefore their motive for consultation will be pain. Here is where the concept of placebo.^{10,11} If to this we add that many rheumatic diseases have a fluctuating clinical course and some have spontaneous remission, then there is fertile ground to proclaim that an alternative remedy or therapy is “efficacious.” Unfortunately, in an era of great scientific advances and evidence-based medicine, tradition, culture, the media and alternative therapy promoters employ the same efficacy measures that the general population is looking for to proclaim the benefits of non conventional remedies and therapies.

On the other hand it is an increasingly better documented fact that the use of alternative remedies and therapies

can be a factor in morbidity and a worse prognosis, even if they are from “natural” origin, mainly due to direct toxicity, fraudulent action of prescription medicine, contamination (lead, microorganisms, additives, etc), drug interactions with prescription medication and the conduct patterns of the users (prescription drug discontinuation to use remedies, lack of medical supervision in case of adverse effects and the delay in adequate diagnosis and treatment). The reader can find an extensive review on the security of non conventional treatment in the papers published by Ramos-Remus et al¹ and Panush.² How can we approach the topic of non conventional therapies and alternative treatments with the patient? There is no one absolute response nor is it applicable to every case. But possibly the most important point is to understand the patients perception. To such effect, the reader can find useful 3 concepts that were adapted from a book on positioning and that applied to this editorial would read as follows:

– Truth is irrelevant. What matters are the perceptions in the patients mind. The essence of the idea consists in accepting that the perceptions of the patient are real and restructure them to create the position that the physician desires.

– The human mind, and in consequence the patients’, not only rejects the information that does not correspond to their knowledge or previous experience, but also many times it acts without counting on it.

– If the physician wants to enter the patients’ world to help him as well as he can and as fast as possible, the position of the competition (non conventional remedies and therapies) must not be ignored, nor one must stray from ones own. “Play them as you see them.”

If the abovementioned is taken into account, the best approach would be to listen to the patient and to provide, as clearly and as empathically as possible, the necessary information about non conventional remedies and therapies and the benefits and expectations of modern medicine. The patient will then have the power and the responsibility of choice.

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