

Editorial

Debating the Merits and Dangers of Complementary and Alternative Medicine

Iqdam Tobbia, MBBCh, MSc, MRCPPath, FFPPath, RCPI, FRCPath* Abdelhaleem Bella, MBBS, MRCP, CCST, FCCP, MSc Healthcare Management, FRCP** Stephen Safrany, BSc(Hons)DIS, PhD*** Colin Greengrass, BSc(Hons), MSc, PhD**** Amnah Al Banna***** Nabila Mann-Isah***** Patrick Walsh, BSc, MSc, PhD, CBiol, FRSB, FIBMS*****

According to the World Health Organization (WHO), 70–80% of the world’s population rely on non-conventional medicines. This fact, coupled with the reducing confidence of the public in conventional medicine (also called Western or allopathic medicine), has led to a worldwide growing interest in Complementary and Alternative Medicine (CAM). Through multimedia platforms and social media, people are becoming more informed about health and wellness related matters. The increased health consciousness of certain segments of society, coupled with patient concerns over the side effects of conventional drugs, the lack of curative treatments for chronic diseases, microbial resistance, and the emergence of new disease, are collectively contributing to the increasing public interest in CAM.

The National Center for Complementary and Integrative Health (NCCIH) have defined CAM as “a group of diverse medical and health care interventions, practices, products, or disciplines that are not generally considered part of conventional medicine”¹. The number of listed CAM therapies currently stands at around 400. The NCCIH have classified the different CAM modalities into five major categories: (A) Alternative Medical Systems (Acupuncture, Ayurveda, Homeopathy, TCM), (B) Mind-Body Interventions (Meditation, Biofeedback, Hypnosis, Yoga), (C) Biologically-Based Treatments (Orthomolecular Medicine), (D) Manipulative Therapies (Chiropractic, Osteopathy), and (E) Energy Therapies (Electromagnetic, Reiki).

Because of the incredibly diverse nature of CAM and the fact that the global CAM market is growing so rapidly and is expected to reach a value of US\$197 billion by 2025, there is a huge onus on medical schools throughout the world to educate our future doctors of allopathic medicine on the merits and dangers of unorthodox medicine². In this regard, the Royal College of Surgeons in Ireland (RCSI) – Bahrain has very recently taken a first step in a long journey towards educating their students about CAM by having a Higher Education Council (HEC) approved in-house debate involving two teams consisting of a mix of senior cycle students along with several RCSI academics with expertise in clinical medicine and pharmacology. The resolution before the proposing and opposing teams was “Would you recommend CAM for your patient?”.

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Main Outcomes of the Debate

A number of key points emanated from the debate. At the outset, the importance of a proper clinical diagnosis, made by a competent medical professional, was strongly emphasized. A case scenario was presented where a patient being treated by a homeopath for a number of years died of a treatable esophageal tumor. The immense danger of patient self-medicating with herbal products while taking prescribed medication was discussed. The ability of future medical doctors to advise their patients on the relative merits and dangers of CAM was seen as being instrumental in them showing care and concern for their

patients, while at the same time preventing possible medical hazards occurring due to receiving inappropriate advice from incompetent practitioners. The usefulness of the Cochrane CAM database to medical doctors in providing trustworthy advice to their patients was highlighted. While it was agreed that the CAM marketplace contains an enormous number of non-validated therapies, it was pointed out that some of the so-called traditional CAM therapies have been around for thousands of years and have stood the test of time. Some of these therapies are now being successfully used by some medical doctors in an integrative medicine approach to the management of patient disease^{3,4}.

* Professor of Pathology
** Associate Professor of Medicine
*** Associate Professor of Pharmacology
**** Senior Lecturer in Pharmacology
***** Senior Cycle Medical Students
***** Senior Lecturer in Physiology
School of Medicine
Royal College of Surgeons in Ireland – Bahrain
Kingdom of Bahrain
E-mail: pwalsh@rcsi.com

Debate Participants and Organizers

Participating in the CAM debate at RCSI Bahrain were Professor Iqdam Tobbia (Professor of Pathology), Professor Abdelhaleem Bella (Associate Professor of Medicine), Professor Stephen Safrany (Associate Professor of Pharmacology), Dr. Colin John Greengrass (Senior Lecturer in Pharmacology), Amnah Al Banna and Nabila Mann-Isah (Senior Cycle Medical Students).

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