



Middle Age Like Fight or Modern Symbiosis?

Comment on “Substitutes or Complements? Diagnosis and Treatment With Non-conventional and Conventional Medicine”

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Abstract

Complementary and alternative medicine (CAM) is widely used by patients worldwide. Financial factors may influence the decision to use CAM. National Health Systems are requested to consider CAM in their health plans.

Keywords: Western Medicine (WM), Complementary and Alternative Medicine (CAM), National Health System

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Citation: Frass M. Middle age like fight or modern symbiosis? Comment on “Substitutes or complements? Diagnosis and treatment with non-conventional and conventional medicine.” *Int J Health Policy Manag.* 2015;4(12):835. doi:10.15171/ijhpm.2015.141

Article History:

Received: 12 June 2015

Accepted: 26 July 2015

ePublished: 2 August 2015

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This is a very interesting article¹ addressing the question whether complementary and alternative medicine (CAM) and Western medicine (WM) may work together for the patients or may be used only exclusively. I believe that there is no single medical method covering all patients' needs. Therefore, in any individual patient it has to be evaluated whether CAM, WM, or a combination of both benefits the patient best. The problems of CAM and WM in Portugal seem to reflect the situation in other European countries. Regarding safety, intake of high potencies does not harm.² The common problem that in most countries WM is a part of the National Health System while CAM is not influences the decision to use or not to use CAM/WM. Of course, one would expect that the financial factor might have a great impact on this decision. Surprisingly, this is not the case: Finally, no significant relationship was found between the choice of CAM and income, leaving us unable to reach a conclusion as to whether CAM represents a normal or inferior good for consumers.

I find Table 1 of special interest since it shows that CAM is much more used for treatment than for diagnosis as opposed to WM, where diagnosis and treatment are almost equally used. This is in agreement with general observations that the merit of WM lies primarily in diagnosis, while treatment can often be performed by CAM with or without combination with WM. This fact is described very well by the author “The second important result is that people, having sought a WM diagnosis, may look for a CAM treatment, as shown in estimated coefficients of model 1. This result actually shows how CAM and WM are related for patients who seem to value both healthcare contributions. This corroborates previous medical studies that showed the importance of CAM in particular diseases.” This is important for health policy matters since additive diagnosis requested by CAM would lead to additional costs. However, in some cases conventional

diagnosis seems to be incomplete.

I like to focus on another point: “The questions raised by this trend are several: Are CAM and WM substitutes or complements in the individual decision regarding healthcare?” The task of any physician is to provide their patients the best therapy under the respective circumstances. Therefore, in some cases it may be WM, in some cases CAM, and in some cases a combination of WM and CAM. Fanaticism should be avoided in order to provide the optimal therapy to the patients.

I am surprised by the finding “Income is similarly poor at explaining CAM use. While in other European research, income has had a significant capacity to explain CAM prevalence, here that does not appear to be the case.” Not only in Europe but also in the United States income is a major variable for CAM use.

All together I think that this article deserves attention and should be cited as well as repeated in some years from now.

Ethical issues

Not applicable.

Competing interests

Author declares that he has no competing interests.

Author's contribution

MF is the single author of the manuscript.

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