

Why alternative medicines are used

In the 12th article in a series on complementary medicine, **Edzard Ernst** looks at the reasons that lead consumers to try alternative medicines

Many pharmacists are puzzled by the popularity and commercial success of alternative medicines. If conventional drugs are more effective than ever before, why do people turn to alternatives?

The first point to make is that alternative medicines, such as herbal remedies, homeopathy, flower remedies and aromatherapy, are not normally used as alternatives. Usually, they are used as an adjunct to conventional health care. In most cases the term “alternative medicine” is, therefore, wrong.

A second point is that there is no single reason or set of reasons why consumers use alternative medicines. It all depends on what the remedies are being used for. Imagine a person suffering from a life-threatening condition (eg, cancer) and someone with chronic arthritis. Their reasons for trying complementary medicines will be dramatically different.

Notwithstanding these caveats, research has identified numerous reasons or motivations for trying such products. These can be divided into negative (“push”) and positive (“pull”) factors (see Panels 1 and 2, respectively).¹ Depending on the circumstances, the relative importance of these factors will vary considerably.

Push factors

Much of the presently high popularity of complementary medicine amounts to a criticism of conventional health care. In a way, this is a backlash from the spirit of the mid-20th century when we expected science to achieve everything. Reality turned out to be different. Consumers now feel disappointed that so many medical conditions cannot be cured or adequately alleviated. And they are discouraged by the often serious adverse effects that drugs can cause. Complementary medicines, on the other hand, are “free” of such problems — at least, this is what their proponents incessantly claim and many consumers believe.

In addition, the delivery process of conventional health care is, far too often, inadequate. This includes allegations that people have poor relationships with conventional health care providers. It has been shown, for instance, that arthritis sufferers in the UK who use both complementary and GPs for their condition are more satisfied with their therapeutic relationship with the former compared with the latter group of professionals.² Inadequate health care delivery also includes long waiting lists and hurried consultations. Go to your GP and he or she will



Ephedra (Ma Huang) has been used to treat asthma

(eventually) see you for five to 10 minutes, but go to a homeopath and he or she might give you one hour of his or her time.

Desperation can, perhaps, be the most powerful push factor. It is understandable that a patient who has been given a life-threatening diagnosis might look everywhere for help. And there are plenty of promises of a cure in complementary medicine.³ The fact that these are often false promises is usually not appreciated by those driven by desperation.

Pull factors

Users of complementary medicine usually learn from friends or the media about the latest alternative. The undue influence of the media has already been discussed in this series (*PJ*, 1/8 January, p21). At present, the UK media seem to have jumped on the bandwagon of uncritical reporting and the often misleading promotion of unproven treatments. Who can blame the consumer or politician for being influenced by this incessant flow of misinformation? A recent Government-sponsored patient guide is a

good example. It perpetuates the myths promoted by the self-interested alternatives industry and is, irresponsibly, devoid of information on risk and benefit.⁴ Consumers are seduced by promises of better health and fewer side effects. Sadly, the reality that there may be no evidence for such claims is easily forgotten. The fact that the Government has sponsored such a guide could be seen as overtly negligent. On the other hand, it shows just how much the pull of promotional claims and wishful thinking has infiltrated our current thinking.

Philosophical congruence with aspects of complementary medicine is another important pull factor. Philosophical congruence essentially means that many messages of complementary medicine ring intuitively true — many people want to be treated as whole human beings, take active roles in their health care or believe that natural means benign. Again, there is much criticism here of conventional health care delivery. For instance, all good medicine has always been (and should always be) holistic.⁵ Complementary medicine, therefore, has by no means a monopoly on holism. But consumers may well have a good reason to prefer alternative therapies when they experience a conventional health care interaction that is suboptimal. Through the human approach of complementary therapists, patients experience all the sympathy, understanding and empathy they crave. However, I argue that we should not have to consult complementary practitioners to benefit from this. Conventional health care should provide it as well.

Conclusion

The reasons for using complementary medicines are diverse and can differ from person to person. Many studies have investigated this area¹ and have come up with reasons that vary in relative importance depending on the exact circumstances. Many of the reasons amount to a direct or indirect criticism of conventional health care delivery. I think it is high time to listen to this criticism.

References

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Panel 1: Push factors

- Dissatisfaction with aspects of conventional medicine
- Total rejection of conventional medicine due to an anti-science or anti-establishment attitude
- Desperation

Panel 2: Pull factors

- Hope for increased well-being and other positive outcomes
- Philosophical congruence (eg, with the “spiritual dimension” of alternative medicine, its emphasis on holism or the more active role patients play)
- Personal control over treatment
- Good relationship with therapist (eg, interaction on equal terms, time for discussion, emotional factors allowed for)
- Accessibility

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