

June 2000

Complementary medicine

*information for
primary care clinicians*



nhsalliance



1 INTRODUCTION

This leaflet is intended to give clinicians working in primary care a basic source of reference on complementary and alternative medicine (CAM). It is not intended to provide definitive professional guidelines or to be a substitute for individual clinical judgement. Information given is based on a companion document produced collaboratively between the Department of Health, Foundation for Integrated Medicine, NHS Alliance and National Association of Primary Care which was recently sent to primary care groups (PCGs).

Both documents are also available to download from the following websites:

- Department of Health:** www.doh.gov.uk
- Foundation for Integrated Medicine:** www.fimed.org
- NHS Alliance:** www.nhsalliance.org
- National Association of Primary Care:** www.primarycare.co.uk

Some examples of complementary therapies are:

Acupuncture	Alexander technique	Aromatherapy`
Chiropractic	Cranial osteopathy	Healing
Herbal medicine	Homeopathy	Hypnosis
Massage	Naturopathy	Nutritional therapy
Osteopathy	Reflexology	Yoga

Interest in complementary therapies has increased in recent years. Currently 58% of PCGs provide some access to CAM via primary care. The therapies most often mentioned (and which are concentrated on in this report) are acupuncture, aromatherapy, chiropractic, homeopathy, hypnotherapy and osteopathy. Whilst osteopathy and chiropractic are both manipulative therapies they are dealt with separately in the following section.

2 INFORMATION ON INDIVIDUAL THERAPIES

Given the increasing number of patients seeking advice about CAM there is a need for clinicians in primary care to have a working knowledge of the subject. Patients do not necessarily see the NHS as their provider of CAM services but do see NHS health care professionals as an information resource for CAM. In all cases conventional diagnosis is part of any referral protocol. Even if they are not intending commissioning or providing such services, individual PCGs or practices might consider compiling a local directory of therapists with recognised qualifications (see Appendix 1). The organisations listed later would be able to provide details of local CAM practitioners.

Some background information is provided on the therapies identified as being most commonly provided by PCGs; in each case an attempt has been made to identify (where there is one) the body that is responsible for registration of medically qualified as well as non-medically qualified practitioners. Where there exist a number of different bodies, the largest organisation has been selected.

For each therapy information is given on what conditions would benefit most from treatment and a pragmatic view is taken of examples of best evidence of effectiveness.

2.1 ACUPUNCTURE

2.1.1 What is acupuncture?

Acupuncture is the stimulation of special points on the body, usually by insertion of fine needles. How the points to be treated are selected depends on the teaching and background of the practitioner. 'Traditional' acupuncture theory sees illness in terms of excess or deficiencies in various exogenous and endogenous factors and treatment is aimed at restoring balance. Needles are inserted in specific points which lie under the skin on invisible channels. The channels carry energy and are called 'meridians'. 'Western' acupuncture tends to be used by practitioners who also have an orthodox medical training and builds on Western style diagnosis. Here treatment may be based on 'trigger spot' stimulation as well as the more traditional meridian model.

2 INFORMATION ON INDIVIDUAL THERAPIES

2.1.2 Which patients or conditions would benefit most from treatment?

A recent overview of systematic reviews concluded that:

- ♦ there is reasonable evidence supporting the use of acupuncture for chronic low back pain
- ♦ it is not possible to state with certainty that acupuncture is effective in the treatment of neck pain
- ♦ acupuncture is not more effective than placebo acupuncture for smoking cessation.

The fact that acupuncture is not more effective than placebo acupuncture for smoking cessation does not mean that it is without effect. In fact, it is associated with a sizeable placebo effect, which leads to immediate cessation in about 35% of all patients. These non-specific effects could be worth exploiting in clinical practice.

In addition there is some evidence of the effectiveness of acupuncture in the treatment of migraine and in dysmenorrhoea.

2.1.3 What qualifications are expected and finding a local practitioner

Medically qualified acupuncturists

Doctors may train and become members of the British Medical Acupuncture Society (BMAS). A basic training course of 24 training hours covers the basic concepts of acupuncture and enables the doctor to obtain a Certificate of Basic Competence (COBC). Medical practitioners are encouraged by BMAS to work towards full accreditation status and be awarded the Diploma of Medical Acupuncture (Dip Med Ac).

2 INFORMATION ON INDIVIDUAL THERAPIES

British Medical Acupuncture Society
Royal Homeopathic Hospital
60 Great Ormond Street
London WC1N 3HR Tel: 020 7278 1615
website: www.medical-acupuncture.co.uk
email: bmasadmin@aol.com

Physiotherapists qualified in acupuncture

The Acupuncture Association of Chartered Physiotherapists (AACP) is a clinical interest group of the professional body representing chartered physiotherapists who use acupuncture. The three relevant categories of membership are:

- ◆ basic members have done 30 hours training
- ◆ accredited members have done 80 hours training
- ◆ advanced members have done at least 200 hours of training.

Acupuncture Association of Chartered Physiotherapists Secretariat
Abbey View Complementary Clinic
The Medical Centre
Shaftesbury
Dorset
SP7 8DH Tel: 01747 861151
website: www.aacp.uk.com

Non-medically qualified acupuncturists

The British Acupuncture Council (BACc) represents the largest group of practitioners. Members have completed a training of at least three years in traditional acupuncture and western medical studies appropriate to the practice of acupuncture. They carry the letters MBACc after their name.

The British Acupuncture Council
63 Jeddo Road
London W12 9HQ Tel: 020 8735 0400
website: www.acupuncture.org.uk

2 INFORMATION ON INDIVIDUAL THERAPIES

2.2 AROMATHERAPY

2.2.1 What is aromatherapy?

Aromatherapy is based on the healing properties of essential plant oils. These natural oils are diluted in a carrier oil and usually massaged into the body, but they can also be inhaled, used in a bath or in a cold compress next to the skin. An aromatherapy massage is based on massage techniques which aim to relieve tension in the body and improve circulation. Benefits of the aroma may also be obtained when oils are inhaled both directly and during the massage treatment bringing about a general feeling of well-being in an individual.

2.2.2 Which patients or conditions would benefit most from treatment?

Massage in general is mainly used to promote relaxation, treat painful muscular conditions, and reduce anxiety. There is some evidence that aromatherapy massage reduces anxiety scores in the short term in settings including intensive care, cardiac surgery, and palliative care.

2.2.3 What qualifications are expected and finding a local practitioner

Aromatherapists who belong to a member organisation of the Aromatherapy Organisations Council (see below) have trained to standards defined in the AOC Core Curriculum and are fully insured to practice. It is advisable that any NHS professional who practices aromatherapy should have trained to AOC standards.

Aromatherapy Organisations Council
PO Box 19834
London SE25 6WF Tel: 020 8251 7912
website: www.aromatherapy-uk.org

2 INFORMATION ON INDIVIDUAL THERAPIES

2.3 CHIROPRACTIC

2.3.1 What is chiropractic?

Chiropractic diagnoses and treats mechanical disorders of the joints, muscles and ligaments of the body by manual adjustment. Laboratory tests and x-rays are sometimes used as an aid to diagnosis. Chiropractic is based on the premise that dysfunction of the spine, pelvis and extremity articulations may disturb associated nerve function. This in turn may lead to specific types of pain syndromes, and in some cases, ill health.

2.3.2 Which patients or conditions would benefit most from treatment?

These conditions may also be treated by other manipulative techniques e.g. osteopathy.

Acute low back pain

Clinical guidelines for the management of acute low back pain have been produced by the Royal College of General Practitioners. These guidelines have been constructed by a multi-professional group and subjected to extensive professional review. They recommend considering the use of manipulative treatment for patients with simple backache who need additional help with pain relief or who are failing to return to normal activities.

Neck pain

The role of manipulation for neck pain has received considerably less attention than for back pain. A systematic review has been conducted on manipulation for neck pain and concluded:

- ♦ mobilisation is probably of at least short-term benefit for patients with acute neck pain

2 INFORMATION ON INDIVIDUAL THERAPIES

- ♦ manipulation is probably slightly more effective than mobilisation or physical therapy for some patients with subacute or chronic neck pain
- ♦ all three treatments are probably superior to usual medical care.

Other conditions

There is some evidence of the effectiveness of manipulative treatment in other conditions including:

- ♦ low back pain associated with dysmenorrhea
- ♦ headaches.

2.3.3 What qualifications are expected and finding a local practitioner

UK trained chiropractors have a BSc (Hons) degree. Chiropractors are trained to a high standard in the use of manipulative treatment, and other supportive measures, as well as in diagnosis for the exclusion of underlying disease - including the use of radiology.

The General Chiropractic Council (GCC) was established by the Chiropractors Act 1994. The GCC is the statutory body that is responsible for protecting patients by regulating the practice of chiropractic in the UK as well as setting standards of education, practice and conduct for chiropractors. The statutory register opened on 15 June 1999 and will close on 14 June 2001. After that time it will be a criminal offence for anyone in the UK to claim to be a chiropractor if they are not registered with the GCC. If a chiropractor is not yet registered it does not mean they cannot safely see patients. Further information is available from:

General Chiropractic Council
344-354 Gray's Inn Road
London WC1X 8BP Tel: 0845 601 1796 (local rates apply)
e-mail: enquiries@gcc-uk.org
website: www.gcc-uk.org

2 INFORMATION ON INDIVIDUAL THERAPIES

2.4 HOMEOPATHY

2.4.1 What is homeopathy?

Homeopathy is a therapeutic system using very low dose preparations which are selected according to the principle that 'like should be cured with like.' For example the homeopathic remedy *Allium cepa* is derived from the common onion. Contact with raw onions typically causes lacrimation, stinging and irritation around the eyes and nose, and clear nasal discharge. *Allium cepa* might be prescribed to patients with hay fever, especially if both nose and eyes are affected.

2.4.2 Which patients or conditions would benefit most from treatment?

Homeopathy is used to treat a wide range of acute and chronic physical and emotional illness. Where a condition is beyond the scope of the body's normal self-repair mechanism, treatment is less likely to be curative, but may be palliative. Categories of conditions that homeopaths usually treat including the following:

- ◆ where there is no known diagnosis and tests are normal but the patient feels unwell
- ◆ for those with chronic disease, especially where there may be poor prognosis without an alternative approach
- ◆ those where drug treatments are poorly tolerated or contra-indicated
- ◆ those who suffer from repeated episodes of acute illnesses.

Whilst there is evidence of the overall effectiveness of homeopathy, specific conditions for which there is the best evidence of effectiveness are those where there is an allergic component e.g. asthma, rhinitis and hayfever. There is also evidence of effectiveness in the treatment of influenza.

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2.4.3 What qualifications are expected and finding a local practitioner

Medically qualified homeopaths and other statutorily regulated health care professionals

The Faculty of Homeopathy regulates the training and practice of homeopathy by medically qualified doctors, vets and other health care professionals. There is a published list of doctors who are members of the Faculty. The most experienced homeopathic physicians have gained the qualifications FFHom (Fellow of the Faculty of Homeopathy) or MFHom (Member of the Faculty of Homeopathy). The qualification LFHom (Licensed Associate of the Faculty of Homeopathy) indicates a doctor who has passed the Primary Health Care Examination and may use homeopathy in a limited way for minor ailments. The Faculty of Homeopathy has a network of advisors around the country who are pleased to offer advice to PCGs, health authorities, individual clinicians and members of the public about homeopathic issues including advice on finding a local practitioner.

Faculty of Homeopathy
15 Clerkenwell Close
London EC1R 0AA Tel: 020 7566 7810
website: www.trusthomeopathy.org

Non-medically qualified homeopaths

There is currently no single registering body. The Society of Homeopaths is the largest organisation representing specialist homeopaths. All homeopaths registered with the Society (RSHom) practise in accordance with a Code of Ethics and Practice, hold professional insurance, and have passed academic and clinical assessments before being admitted to the Register. The Society offers advice on employing a homeopath in general practice settings.

The Society of Homeopaths
4a Artizan Road
Northampton NN1 4HU Tel: 01604 621400
website: www.homeopathy-soh.org

2 INFORMATION ON INDIVIDUAL THERAPIES

2.5 HYPNOTHERAPY

2.5.1 What is hypnotherapy?

Hypnotherapy starts with hypnosis - the induction of a deeply relaxed state, with increased suggestibility and suspension of critical faculties. Patients are then given therapeutic suggestions to encourage changes in behaviour or relief of symptoms. For example, in a treatment to stop smoking a hypnosis practitioner might suggest that the patient will no longer find smoking pleasurable or necessary. Hypnotherapy for a patient with arthritis might include a suggestion that the pain can be turned down like the volume of a radio.

2.5.2 Which patients or conditions would benefit most from treatment?

The primary use of hypnosis is in:

- ◆ anxiety
- ◆ disorders with a strong psychological component such as asthma and irritable bowel syndrome
- ◆ conditions that can be modulated by levels of arousal such as pain.

2.5.3 What qualifications are expected and finding a local practitioner

Medically qualified hypnotherapists

Doctors and dentists may be trained through the British Society of Medical and Dental Hypnosis. Accreditation qualifies the member for admission to the referral list of practitioners. The British Society of Medical and Dental Hypnosis has entries in Yellow Pages and BT phone books. Further information is available from the referral secretary who can offer advice for doctors or members of the public who would like to find a local practitioner:

2 INFORMATION ON INDIVIDUAL THERAPIES

British Society of Medical and Dental Hypnosis

23 Broadfields Heights

or:

17 Keppel View Road

53/58 Broadfields Avenue

Kimberworth S61 2AP

Edgware HA8 8PF

Tel: 07000 560309

Tel: 020 8905 4342

email: valentine.la@talk21.com

Non-medically qualified hypnotherapists

There is no standard qualification or training for hypnotherapists. Individual practitioners may indicate an affiliation with a particular professional organisation.

There are a large number of hypnotherapy registers and a lack of a single regulating body which makes selecting a non-medically qualified practitioner difficult. A recent move has been the formation in 1998 of the United Kingdom Confederation of Hypnotherapy Organisations (UKCHO) which acts as an umbrella body bringing together registering, accrediting and training organisations.

The UK Confederation of Hypnotherapy Organisations

Suite 401

302 Regent Street

London W1R 6HH Tel: 0116 212 0306

Freephone (for members of the public) 0800 9520506

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2.6 OSTEOPATHY

2.6.1 What is osteopathy?

Osteopathy is a system of manual medicine which is concerned with the inter-relationship between the structure of the body and the way in which the body functions. Osteopaths both diagnose and treat by manipulating the musculo-skeletal system; they believe that when the mechanics of the body are not sound illness occurs.

2.6.2 Which patients or conditions would benefit most from treatment?

These conditions are similar to those covered in the previous section on chiropractic.

2.6.3 What qualifications are expected and finding a local practitioner

Osteopathic education is currently undergoing considerable change following the Osteopaths Act 1993. The General Osteopathic Council maintains a register of UK registered osteopaths. This information is also available on their internet site. It is now illegal to call yourself an osteopath in the UK if not registered with the General Osteopathic Council. Further information is available from:

General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU Tel: 020 7357 6655
website: www.osteopathy.org.uk

3 MAKING REFERRALS TO CAM PRACTITIONERS

GPs are obliged under their terms of service to refer patients for services under the NHS, and referral to complementary therapists should not therefore be considered as part of the terms of service. However, referral to NHS doctors at one of the five NHS homeopathic hospitals in cases where GPs think such treatment is appropriate will be part of the terms of service. If GPs offer to recommend a suitable individual without making a formal referral, they must satisfy themselves that the individual is competent in the therapy concerned.

3.1 REFERRALS TO PROFESSIONALS REGISTERED WITH A STATUTORY REGULATORY BODY

From a legal point of view GPs can safely refer patients to CAM therapists who are:

- ♦ doctors or nurses registered with the GMC or UKCC respectively
- ♦ osteopaths or chiropractors registered with the General Osteopathic Council or General Chiropractic Council respectively.

In all these cases the therapists would be fully accountable to the relevant statutory regulatory body for their actions and the patient could seek legal redress against them in case of accident. It is still important to ensure that the practitioner concerned has received appropriate training in the therapy - it is theoretically possible for a doctor or nurse to practice some therapies after a short introductory course. Membership of an appropriate complementary therapy organisation is one way of establishing a proper level of experience for professionals who are practising a therapy for which they were not primarily trained.

3.2 REFERRALS (DELEGATION) TO OTHER PRACTITIONERS

GPs can delegate treatment to complementary therapists who are not registered with a statutory regulatory body and this would include therapists employed by the practice. When GPs employ complementary therapists they must check that the person employed is suitably qualified and competent to perform the duties for which they are employed.

3 MAKING REFERRALS TO CAM PRACTITIONERS

Here the GP is asking another professional to provide care for which he remains clinically accountable. The GP must decide in the case of each individual patient whether the complementary therapist offers the most appropriate care to treat the patient's condition. This would depend on their knowledge of and belief in the efficacy of the therapy and their personal knowledge of the competence of the individual therapist.

Having delegated care:

- ◆ the GP retains responsibility for managing the patients' care ` (as stated by the GMC)
- ◆ the patient must have access to any conventional treatment they require
- ◆ if the patient insists on seeing a complementary therapist rather than following advice for conventional treatment this should be recorded in the notes.

To date, no claims or cases have been sustained against doctors who have delegated care to complementary practitioners.

Specific information has been given in the previous section on how to identify a properly trained therapist in acupuncture, aromatherapy, chiropractic, osteopathy, homeopathy and hypnotherapy. Suitably trained therapists may be affiliated to other organisations. It is suggested that the organisation is contacted directly for further information.

Advice of a general nature may be obtained from:

The Foundation for Integrated Medicine
International House
59 Compton Road
London N1 2YT Tel: 020 7688 1881

4 EMPLOYING CAM PRACTITIONERS

It has been mentioned in the previous section that when GPs employ complementary therapists they must check that the person employed is suitably qualified and competent to perform the duties for which they are employed. It is recommended that when considering employing a complementary therapist, evidence is obtained using the framework of:

- ♦ professional status
- ♦ insurance
- ♦ qualifications and experience.

4.1 PROFESSIONAL STATUS

The therapist needs to demonstrate proof of membership of a professional body and that this body requires members to abide by codes of conduct and/or practice, ethics and discipline. General advice may also be obtained from the Foundation for Integrated Medicine (see above).

4.2 INSURANCE

The therapist needs to be covered by professional indemnity insurance and this should apply to the period of their employment. Some therapists take this out independently, for others it is provided as an element of membership of a professional body. Before employing practitioners evidence of current insurance needs to be seen.

4.3 QUALIFICATIONS AND EXPERIENCE

This can be ascertained through seeing the therapist's certificates, discussion with the therapist and taking up references. There is a need to obtain information about any previous and impending disciplinary action and complaints from patients.

APPENDIX 1

Summary of information about selected individual therapy organisations. PCGs could obtain details of local therapists which could be incorporated into this list and circulated to local health care practitioners.

Acupuncture

Medically qualified acupuncturists

British Medical Acupuncture Society*
Royal London Homeopathic Hospital
60 Great Ormond Street
London WC1N 3HR
Tel: 020 7278 1615

Non-medically qualified acupuncturists

The British Acupuncture Council
63 Jeddo Road
London W12 9HQ
Tel: 020 8735 0400

Acupuncture Association of Chartered Physiotherapists*
Abbey View Complementary Clinic
The Medical Centre
Shaftesbury
Dorset P7 8DH
Tel: 01747 861151

Aromatherapy

Aromatherapy Organisations Council
PO Box 19834
London SE25 6WF
Tel: 020 8251 7912

APPENDIX 1

Chiropractic

General Chiropractic Council*
344-354 Gray's Inn Road
London WC1X 8BP
Tel: 0845 601 1796

Homeopathy

Medically qualified homeopaths

Faculty of Homeopathy*
15 Clerkenwell Close
London EC1R 0AA
Tel: 020 7566 7810

Non-medically qualified homeopaths

The Society of Homeopaths
4a Artizan Road
Northampton NN1 4HU
Tel: 01604 621400

Hypnotherapy

Medically qualified hypnotherapists

British Society of Medical and Dental Hypnosis*
23 Broadfields Heights
53/58 Broadfields Avenue
Edgware
HA8 8PF
Tel: 020 8905 4342

or

17 Keppel View Road
Kimberworth
S61 2AP
Tel: 07000 560309

APPENDIX 1

Non-medically qualified hypnotherapists

The UK Confederation of Hypnotherapy Organisations
Suite 401
302 Regent Street
London W1R 6HH
Tel: 0116 212 0306

Osteopathy

General Osteopathic Council*
Osteopathy House
176 Tower Bridge Road
London SE1 3LU
Tel: 020 7357 6655

** members are statutorily registered*

Joel Bonnet, Senior Registrar in Public Health, NHS Executive, London

Review date: this document will be reviewed in June 2001

