Integrating Complementary and Conventional Medicine

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Conventional medicine saves life,
Complementary medicine adds quality to life.

Myra Coyle-Demetriou

As an integrated Greek doctor, it is my duty to remind you that Hippocrates is regarded as the father of modern medicine. Also, it was Hippocrates who first proposed treating ‘like with like’ leading to the original idea of homeopathy.

So, is he also the father of integrated health?

Dr Andrew Demetriou
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It is a real pleasure to write the foreword for this very special book. On one level it is a compendium of integrated care that covers every aspect of integration from different treatments and different diseases to research, evidence and how to provide an integrated service. On another and more practical level it will be of immense use to any clinician or patient who wishes to start on the journey towards an integrated health approach, and to those already familiar with the subject who wish to improve their skills.

In May 2006, in a speech to the World Health Organization, HRH The Prince of Wales said that integrated health care was no longer a question of ‘if’ but ‘how’ and ‘how much’. With over 50% of UK general practitioners (GPs) offering patients access to complementary medicine (two-thirds in Scotland) and 75% of patients wanting complementary medicine available within the NHS, it appears that the era of integrated health care has finally arrived. Now we need to define exactly what it offers to whom and in what circumstances. That is the theme of this pioneering book. It is a map of where medicine and caring will go next, and provides a voice of hope in the future.

This is also an immensely practical book written by authors, who are themselves a conventional GP and a therapist, providing integrated care in a deprived area of Greater Manchester. For GPs and other frontline clinicians and for patients alike, it describes, for each presenting problem, the range of choices that are available for clinicians and patients pursuing an integrated approach. It opens doors and possibilities for healing that simply do not exist within a strictly conventional medical approach. I defy anyone to read the book or even just dip into it without coming away with some new tips and thoughts on healing.

Furthermore this is an extremely readable piece of work with delightful quotes and full of imaginative ideas and useful contacts within each disease area. Defying the cold rigour of a conventional textbook, it is more practical and individually useful because it embodies the warmth and experience of its authors. Integrated care is about opening the range of healing possibilities for both clinicians and patients. Individual preferences and experiences mean that response to treatment and success are bound to vary, and this represents a necessary part of the emancipating role of integrated care. So, too, is the encouragement and liberation of patients to heal themselves and also take a more active part in their own health and healing. Once a clinician or patient has embarked on this voyage, I have never known any to turn back.

The authors should be congratulated on producing such a lively and useful piece of work, which will be of practical use to every clinician and patient, whether they are experienced or are just embarking for the first time on an integrated approach to health and care.

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January 2007
About the authors

Myra has been married to Andrew for 30 years and they have three grown up children. She has worked in health care for most of that time, initially as a ward sister running a vascular unit and she also qualified as a midwife. Following the birth of her children, she worked in primary care with Andrew on screening programmes for the elderly, coronary heart disease (CHD) prevention and health promotion, which included stress management, exercise, health education, meditation and relaxation. She studied homeopathy, health education and counselling subsequently. For the next 14 years she worked as a counsellor in primary care in a deprived area, with special interests in health and lifestyle, bereavement, stress and anxiety management. This was followed with a keen interest in energy healing and she subsequently qualified as a Reiki master. She runs a bereavement support and marriage preparation group for her local Catholic church and continues to work as a holistic therapist to raise funds for an orphanage in Africa.

Andrew is a 1974 Liverpool Medical School graduate. As a GP principal since 1980 and a Homeopathic Physician since 1988, he gained recognition to the Specialist Register of the Faculty of Homeopathy. His main interests have been undergraduate and postgraduate teaching as a GP trainer, research and medical writing, contributing to several books and journals. He held the post of GP tutor in Bury Postgraduate Centre and with Myra runs regional workshops in the north west on motivation and prevention. He presented his research on ‘Integration of Complementary Therapies in a GP Setting’ at the inaugural conference of the Prince’s Foundation for Integrated Health at St James’s Palace. He has always emphasised the prevention and holistic aspects in his teachings and clinical care of his patients.
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A belated thanks goes to Andrew’s grandfather, Andreas Pattichis Maos (1893–1985), who was the first to spark our interest in holistic therapy. He was a self-taught hypnotherapist of some repute, in Cyprus. A special acknowledgement must go to our children, Christopher, Lydia and Natasha, who inadvertently were guinea pigs in all our integrated and holistic ventures. A special mention to Lydia for keeping us both focused, not being afraid to speak her mind, and for setting the standard on the evidence for integrated health care. A huge debt of gratitude must go to our patients over the last 30 years for enthusiastically joining us in our quest to find appropriate integrated health care to suit their needs. We truly believe that everyone we meet is our teacher, therefore, it is a privilege to have been given the opportunity to help in some way with the health and healing process of the human condition. Our thanks to Gillian Nineham, Jamie Etherington and Radcliffe Publishing Ltd for having the vision and respect for the subject matter and for publishing Integrating Complementary and Conventional Medicine.
To both sets of parents, who have now passed on, we dedicate this book for their part in our journey. For our children, Christopher, Lydia and Natasha, who are blessed with a beautiful spirit. To our 24 children that we ‘adopted’ in Africa, who struggle daily for their survival and an uncertain future.
Why integrated health care?

*Have a mind that is open to everything and attached to nothing.*

*Wayne Dyer*

Integration is the holistic approach to health care using conventional and complementary therapies, bringing the human touch back to modern medicine.

This book is written from the perspective that a medical diagnosis is already established. It is envisaged that the information is used to consider appropriate integration using various therapies and treatments: a combination that provides a truly integrated healthcare system – the marriage of complementary and conventional medicine.

By optimising effectiveness and minimising side-effects, we demonstrate how this can also be cost-effective. The information obtained from this holistic approach, we hope, will inspire further reading, creating awareness and interest in the therapeutic processes from the different disciplines and medical approaches from around the world. It can also be used as a practical guide for referral, recommending or dealing with a patient’s enquiry as to whether a particular therapy is appropriate.

It is our hope and expectation that other health professionals will be interested enough to find the guidance they need to set up an integrated health care service.

Each section has been set out in a format that will make the information practical and easy to assimilate.

This is an overview and a practical guide to integrated medicine; ‘a picture of holism’.

The ‘art’ of integration is demonstrated throughout the book. We hope that our enthusiasm becomes your enthusiasm.

**The aims of this book**

The aims of the book are to:

- teach new skills
- encourage professional training in complementary medicine
- refer patients to complementary practitioners
- understand the potential benefits of these therapies
- raise awareness of the use of therapies by patients
- integrate therapies into existing health services for wider patient choice
- demonstrate a holistic approach to prevention and disease management
- show the potential for reducing general practitioner (GP) workload (see Chapter 31)
- create an awareness of the potential healing power in every human being.
For the patient, who may want to seek complementary input as part of their long-term care plan following a medical diagnosis, this information will help them to decide which therapy is appropriate. Some of the commonest conditions are discussed in each section, providing the opportunity for self-help. Most patients prefer to be actively involved in their care and are also keen for a proactive approach to aid their recovery.

Integrated medicine adds quality to health care, enhances the healing process, provides more choice and gives responsibility back to the patient.

*The Life so short, the craft so long to learn.*

**Hippocrates**

**Building a bridge between complementary and conventional medicine**

Many areas in modern medicine can incorporate complementary principles in order to stimulate the body’s own healing abilities and enhance the quality of care. One such example is to use complementary therapies in self-limiting illness to reduce antibiotic prescribing in order to minimise drug resistance.

The ‘one size fits all’ teaching of conventional medicine is not always appropriate, whereas complementary medicine embraces the diversity of the individuals’ make-up and recognises that different techniques and treatments are needed for individual personality types. This is no better illustrated than in homeopathy.

Limitations in conventional research need to be recognised and taken into account in the design of studies involving complementary therapies, and more research funding made available.

- Surveys have shown that 75% of the population in the UK want complementary therapies to be available on the NHS, and that 20 million people, one-third of the population, have used complementary medicine (see Chapter 32).
- Research has shown that 50% of general practices offer or refer to complementary therapists (see Chapter 32).
- Practice-based commissioning (PBC) is a realistic option for funding.
- In the UK, 50 universities are now teaching complementary medicine.

*Complacency is the enemy of study. We cannot really learn anything until we rid ourselves of complacency. Our attitude towards ourselves should be ‘to be insatiable in learning’, and towards others ‘to be tireless in teaching’.*

**Chairman Mao**

The holistic approach should be the foundation of every healthcare intervention, restoring the human factor to modern medicine. Doctors are well placed to facilitate and harness the healing process.

*Change is but an attitudinal step away.*

**David Brooks**
How to use this book

The book has been divided into four sections:

- Psychological illness
- Therapies, health and lifestyle
- Physical disease
- Evaluation and evidence-based medicine.

Psychological illness and physical disease

Each medical condition demonstrates the place of complementary therapies in the treatment process within integrated health care. Therapies that are most commonly used are described in the context of the disease process.

Therapies

This section provides a synopsis of the mainstream complementary therapies and describes the essential elements of each. Details for contacting organisations involved in training can also be found, to enable the reader to gain further information. This section will give an insight into understanding the historical background, application and the evidence for the effectiveness of each treatment or therapy.

Evaluation and evidence-based medicine

Throughout all the sections, references and further reading are included to enable more detailed study of each discipline. The importance of evaluation and evidence-based medicine is also emphasised. In the final chapter a three-year outcome study is included not only as an illustration of effectiveness but also an example of integration of complementary therapies into a National Health Service (NHS) practice. The research study is entitled ‘An investigation into the impact of integrating complementary and alternative medicine into conventional general practice’ (see Chapter 33).

This book is intended for doctors, nurses, therapists, and patients.

Our spheres of experience reflect our own professional interest in Reiki energy healing, counselling, nursing, midwifery, general practice and homeopathy. We therefore make no apology for emphasising these areas in our presentation of integrated health care.

The names of patients in case studies throughout the book have been changed for confidentiality.

References

Psychological illness
Anxiety

The demand for a false self to cover and hide the authentic self necessitates a life dominated by doing and achievement.

John Bradshaw

Anxiety

This is a modern day ‘plague’, which robs us of our peace of mind and is often used to describe a specific set of symptoms. No two people display exactly the same physical or emotional problems; we all react very differently depending on our individual make-up. Most anxious people describe a distressing feeling of uneasiness or dread. The fear may be rational, irrational or of an anticipated event which may or may not take place.

A certain amount of unrealistic and irrational anxiety is part of most people’s experience, hence it is an expected normal functioning of the human personality. It is termed as chronic when the anxiety is not traceable to any specific cause or trigger and interferes with normal functional daily activity. Anxious people are in a state of suspense, always waiting ‘for something to happen’, with a watchful awareness and alertness, over-sensitivity to noise and often helplessness in the face of perceived danger. There is fear of the future, the ‘what if’ or ‘just in case’, the need to try to anticipate the fear in advance in order to feel better, as in perfectionist behaviour. In the long term with this scenario, all energy is spent on the prevention of fear to satisfy the ‘just in case’, like a cat chasing its tail. Anxiety can be felt acutely in the morning following sleep, or in early morning waking. The physical symptoms are many and varied, for example headaches, backache, irritable bowel syndrome, insomnia, lack of concentration and so forth. Often, these symptoms are treated individually without a holistic approach to determine the root cause. Fear and love are the main heartfelt emotions that seem to dominate our lives.

Counselling highlights awareness of personal power and effective control, but equally helps deal with unresolved issues that caused the anxiety. It can also enable a change of attitudes and negativity and replace these with a more positive approach. Ultimately, the patient can achieve a sense of balance and acquire strategies to use for their long-term health and ‘wellbeing’ (see Chapter 10). Fear can often manifest in obsessions and phobias. Anxiety and mental health issues form around 40% of the workload in primary care. Management is usually by drug therapy in the first instance. It can make patients dependent on medication and the doctor. This often leaves both the doctor and patient feeling frustrated at the lack of sustainable progress.

Integrated management of this fear seeks to educate the patient about their anxiety and how they can manage their own fears and worries. In doing so, this puts
the power where it should be, with the patient, who can then take personal responsibility for their feelings and general ‘wellbeing’. We do not have a choice about what happens in our life, but we do have a choice in how we deal with it.

**Management**

The integrated approach to long-term care is based on:

- *awareness*: of the condition and its effects
- *reassurance*: by excluding any physical cause
- *dealing with symptoms*: such as headaches and sweating
- *long-term plan*: for example relaxation classes, yoga, meditation, lifestyle change and self-help.

Proactive and symptomatic control approach

**Physical exercise** *(see Chapter 22)*

Physical activity will help to deal with some of the symptoms of anxiety and balance energy levels from mental activity to the physical body. It will also rid the system of the end-products of the adrenaline build-up.

**Counselling and psychotherapy** *(see Chapter 10)*

This is helpful when there are psychological problems, as a result of physical, emotional and sexual abuse. Patients with a history of rape or anorexia nervosa may also benefit from group work as part of their long-term care plan.

**Homeopathy**

Homeopathy in the management of anxiety is without risk of addiction and has no side-effects. Some of the remedies that can help in anxiety are as follows:

- *Avena sativa*: aids sleep and helps with relaxation
- *Arsenicum*: reduces fear, prevents panic
- *Lycopodium*: deals with apprehension
- *Argentum nitricum*: for exam fears/stage fright
- *Staphysagria*: for anger management
- *Aconite napellis and Ignatia*: to reduce the effects of panic attacks
- *Gelsemium*: helps with intense fear for no apparent reason.

**Diet** *(see Chapter 22)*

- *Eating regularly* is essential to avoid hypoglycaemic attacks and to help concentration. A three-hourly balanced diet is therefore beneficial.
- *Avoiding tea, coffee and alcohol*: these are stimulants and can have an adverse effect on an already stressed system. Replacing these with herbal teas and fresh juices and increasing water intake (2 litres of fluid daily) helps the recovery process.
• *Supplements:* in chronic anxiety, because of the constant tension held in the body, depletion can take place of calcium, zinc and vitamin C; evening primrose oil and omega 3 are also useful supplements.

Lifestyle management (*see* Chapter 22)

To achieve a balance for maintaining ‘wellbeing’, it is beneficial to use the basic, 24-hour cycle of life indicator: 8 hours’ good work, 8 hours’ relaxation and 8 hours’ sleep.

If we live by this simple principle it will enable us to keep healthy in mind, body and spirit and to become more effective individuals.

*We must remember all our lives to raise our heads and be aware of the horizon.*

*Frank Delaney*

Reiki

Reiki is a form of hands-on energy healing and is invaluable in balancing the negative energy created by high levels of anxiety. Peace of mind is often difficult to achieve even for a short time. This healing energy calms the tension, creating a feeling of relaxation that helps to induce sleep, which can be difficult to achieve even with hypnotics. The recommended schedule is one-hour sessions on a weekly basis for at least 4 weeks. Anxious people quite often forget what it feels like to be relaxed, and Reiki reminds them of the calmness that can be achieved (*see* Chapter 19).

**Case study 2.1**

Mary is a 43-year-old lady, who lives with her teenage son and elderly mother. She was assaulted in a car park, sustaining multiple soft tissue injuries including a fracture of her cricoid bone, sprained left wrist and left ankle. She had difficulty in mobilising, needing crutches initially. Mary’s disturbed sleep became problematic; she also suffered with panic attacks and was frightened of leaving the house. She was given Ruta and Arnica homeopathic remedies for bruising and pain relief to take for four weeks. Mary received counselling and Reiki healing, which helped to calm her anxieties and induced sleep. She had six one-hourly sessions on a weekly basis. She then returned to work soon afterwards and was promoted to a new position at the top of her profession.

**Case study 2.2**

John is a 61 year old who presented with a lifelong anxiety, suffered stress at work and could no longer cope. His father was very strict with him, and he said that as a boy ‘nothing he did was ever good enough’. He admitted to being a ‘perfectionist’ and difficult to live with. He developed a transient ischaemic attack and had great difficulty sleeping. He also had high blood pressure. John