

Nature Cures; Now Congress Cares

by Marc S. Micozzi

Nature Cures: The History of Alternative Medicine in America

by James C. Whorton

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368 pp., \$30

Alternative medicine is often seen as alien by the world of mainstream medicine. But as James Whorton demonstrates in this engaging book, alternative therapies are not just part of other peoples' history, but a proper part of the history of U.S. medicine. Whorton is a professor of medical history at the University of Washington in Seattle and has taught a course on alternative medicine to health professions students there since 1986 to alert them to the persistent prominence of alternative medicine in the U.S. health care environment. This book is an admirable extension of that work.

When I introduced the first medical textbook on alternative/complementary medicine in 1995, presenting a history of these practices was essential to providing a rational basis for understanding the development, precepts, and use of these popular forms of care at a time when their contemporary scientific basis was still relatively sparse (the science has since been catching up). While biomedicine thinks of itself as science, health care is a social institution, and interpretation of the social history of medicine is critical to understanding developments, both compelled and chosen, that influence medical practice.

For all the emphasis on science, various labels for alternative medicine cited by Whorton such as "unconventional, unorthodox, medical heresy, irregular and counter he-

gemonic" relate more to the prevailing paradigm than to the scientific method of enquiry.

Whorton successfully identifies those healing systems that have represented organized, alternative systems of medical thought and practice in American history, with thousands of practitioners and millions of patients. He presents them in chronological order, including Thomsonianism (Western herbalism), homeopathy, hydrotherapy, Mesmerism and mind cure, osteopathy, chiropractic, naturopathy, and "holistic medicine."

Whorton identifies the election of Andrew Jackson in 1828 as signaling a "democratization" (my term) of health practices, as in other areas of American life. The spirit of the times sought to "demystify" and "demedicalize" health care away from a more elitist, theoretical regular medicine toward populist, practical (and not incidentally) "frontier" medicine in an expanding nineteenth-century America. In addition to other political developments, medical licensure requirements were largely repealed in this era. (B.J. Palmer, the son of the founder of chiropractic, was to later answer a judge that his education was based on "common sense, horse reasoning and good judgment—that is enough.")

Whorton also cites the ineffectiveness of regular medicine against successive yellow fever epidemics and the Asiatic cholera epidemics of 1832 and 1848 as driving many regular physicians into these newly organized alternative practices. He gives insufficient attention to this same phenomenon in the late twentieth century, with many medical defections due to inadequacy of treating not infection but many chronic medical conditions.

A second period of development and

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growth came at the end of the nineteenth century partially as a reaction to the toxic drug treatments of that era. New practices such as chiropractic were widely and popularly promoted as “drugless healing.” (Oliver Wendell Holmes famously stated at a meeting of the Massachusetts Medical Society, “If the entire materia medica as currently practiced could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes.”) A related aspect away from the reliance on drugs was the emphasis on individualized care versus “standard dosage forms” of medicine.

While recognizing that “alternative medicine is here to stay,” Whorton misses some of the more recent history about where alternative medicine is staying—in integrative medicine. Motivated by efficacy and increasing scientific evidence, thousands of physicians are training in alternative modalities or partnering with alternative practitioners in integrative health care settings. While documenting the transition from alternative to complementary medicine, Whorton does not observe this current transformation to integrative medicine. He also gives less attention in general to other healing professions such as nursing, whose contemporary ranks include thousands of practitioners of touch-based therapies.

As a historian, Whorton admittedly does not attempt to summarize results of increasing numbers of clinical studies providing evidence of efficacy for the use of acupuncture, spinal manual therapies, herbs, and even homeopathy (thought not to work because it can't work). The lessons of history described by Whorton, the dimensions of integrative medicine as a public health and health care phenomenon, and new scientific evidence of efficacy are now motivating realistic health policy efforts.

Over time, the U.S. federal government has developed a unique and critical role in stimulating and supporting medical research, regulating medical products and devices, protecting the public health, and helping build health care infrastructure and is now paying approximately one-third of the costs of health care. Policymakers are rapidly becoming more

knowledgeable about needs, problems, and opportunities relative to integrative medicine. As in the past, political tensions reside between regulators, who recognize the role of government in consumer protection, and advocates of “health freedom,” choice, and the marketplace.

Government efforts related to health care use in integrative medicine are getting under way in cost-effectiveness training, health workforce development, and realistic reimbursement for services (through expansion of CPT codes mandated under the Health Insurance Portability and Accountability Act, or HIPAA). A bipartisan Congressional Caucus on Complementary and Alternative Medicine and Dietary Supplements was recently organized, cochaired in the Senate by Tom Harkin (D-IA) and Orrin Hatch (R-UT) and in the House by Dan Burton (R-IN), who also chairs the Government Reform Subcommittee on Health. The Policy Institute for Integrative Medicine, the Integrative Healthcare Policy Consortium, and others are working with members of the bipartisan caucus and other elected representatives with strong constituency support to broaden and deepen the federal role in integrative medicine.

While funding for the National Center for Complementary and Alternative Medicine at the National Institutes of Health (NIH) increases each year, commensurate with the multiyear doubling of the overall NIH budget, it is also important that other federal agencies charged with programs relative to health resources and services, primary care, health professions training and workforce development, consumer education, and health services research play a role in meeting the challenge and opportunity of integrative medicine. Public support together with private innovation has been a hallmark of medical advancement through the past century and should prove to be the case for integrative medicine in the twenty-first.