

## Not All CAM is a Scam

By

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Multiple sclerosis is a progressive demyelinating disease of the central nervous system (Murray 4) that affects roughly 350,000 people in the United States alone (Bowling 3). Loss of muscle spasticity, muscle cramps, tingling and lack of sensation, and difficulties with bladder control are common symptoms of MS that cannot be cured. Complementary and alternative medicine (CAM) should be utilized in addition to traditional medicine because it can be useful in reducing the occurrence and severity of such symptoms.

Conventional medicine is used to reduce the impact of an exacerbation, to treat symptoms, and to reduce the progression of the disease (Murray 450); therefore, it should be used regularly. However, more relief can be found when complementary medicine supplements conventional treatments (Bowling 6).

Alternative medicine is a system based on belief and sometimes longstanding historical and cultural practices rather than science (Murray 484). In the 19th and 20th centuries, medical practices resemble present-day alternative medicine. Patients were treated with arsenic, strychnine, potassium iodide, mercury, and belladonna in addition to herbs, minerals, baths, massage, various electrotherapies, and complex diets (Murray 484-485). While neurologists struggled to find better drugs for spasticity, increasing numbers of patients were quietly using cannabis, which gave them better relief from pain and spasms, even if it impaired alertness and balance (Murray 451-452). It is important for people who pursue alternative treatments to be

knowledgeable about the therapy they choose. It is possible for CAM therapies to interact with each other, and the patient needs to be aware of this, some treatments can also elicit an allergic response, while others can be hoaxes; therefore it is critical to understand the risks and benefits for treatments (Foster par. 3-4).

Some of the most common alternative treatments include chiropractic, massage, yoga, herbal medicine, exercise, and reflexology (Foster par.6) and they have all been tested on short term basis and have proven to be effective. Chiropractic is one of the most common because the treatment is reasonably priced, easily accessible, and it seems to help with lower back pain. Few studies have been done to find out why or how chiropractic treatment works for multiple sclerosis patients, all that is known is that it seems to work for people (Bowling 59-62). Annet Apel's study also shows that chiropractic care was effective and resulted in no side effects (4).

Similarly, Huntley tested massage therapy on 24 participants. Those who received 45 minute massages twice a week for five weeks had significant improvements in anxiety, depression, self-esteem, body image, image of disease progression, and social functional status (99). In addition to the relief of muscle tension and back pain Bowling points out massage, too, is cost efficient and readily accessible. (150)

Relaxation techniques such as yoga are also a safe supplement to traditional therapies. Of the 16 subjects in Apel's study on therapeutic effects and side-effects of complementary medicine, all but one found an improvement in symptoms. There were no changes noted in the one person who did not find any improvements (4). One of biggest benefits of yoga as a CAM treatment is that it can be adapted for those who have limited movement, and because it focuses on breathing, movement, and posture nearly everyone can participate in some way (Bowling 207-209).

If a patient can handle the physical demands of exercise it has been proven to be the most beneficial with the fewest risks. Exercise benefits both physical and mental symptoms including: weakness, impaired bowel and bladder function, fatigue, depression, and anger (Bowling 94-97). Louisa DeBolt studied the effects of a home-based resistance exercise program on balance, power, and mobility in adults with multiple sclerosis. Although her results were not significant, there was slight increase in mobility and greater stability (296).

The information regarding reflexology is contradictory. Bowling claims there are very few studies to prove that reflexology is beneficial in helping MS symptoms, anecdotal evidence favors the practice. And, because there are virtually no scientific studies on the method, it is hard to say if it is actually effective (Bowling 171-172). However, Huntley's experiment indicates otherwise. According to this study, an 11-week reflexology treatment resulted in significant improvements of paraesthesias, urinary symptoms, muscle strength and spasticity (101).

Physical manipulations seem to all be credible options, but there are still more options available. Herbal medicine and diet can also improve symptoms related to multiple sclerosis. Some herbs have been proven to help treat, prevent, or cure symptoms common to patients with Multiple Sclerosis. Bowling lists St. John's wort for depression, kava kava for anxiety, valerian for insomnia, cranberry for the prevention of urinary tract infections, and psyllium for constipation as beneficial herbs (122). Both Apel and Stuifbergen's studies showed improvements due to dietary alterations without any side effects (Apel 4, Stuifbergen 145). When used over long periods of time, linoleic acid proved to decrease the severity and length of exacerbations in Huntley's findings (98).

Unfortunately, many herbs can be dangerous if the consumer is not knowledgeable of their affects. Certain herbs are toxic when consumed, while others counteract medicines and negatively interact with other herbs. Even some herbs that may be beneficial, like St. John's wort, can be harmful when mixed with other substances (Bowling 120-122).

Thus far, relieving physical symptoms by altering physiological functions is effective just as physical methods were, but another option should not be disregarded by the Multiple Sclerosis stricken community. Huntley also tested group psychotherapy on a group of individuals, and his results were very positive. By participating in 50 sessions of group psychotherapy, there was significantly less depression and individuals were considerably more internally-oriented than the control groups (Huntley 101). This study goes to show that state of mind has a lot of control over physical conditions.

Naturally, there are some therapies that are generally ineffective, even dangerous. Foster points out that there are many more treatments than proven results and our bodies will respond to suggestion (par. 41) of these dangerous treatments. For example, bee venom and cobra toxin can be injected to illicit responses from the immune system. Allergic reactions and death are common risks when participating in bee venom therapy, and there is little evidence that it will help cure Multiple Sclerosis or any other ailment (Bowling 50). Of the 28 participants in Stuijbergen's bee venom study, only one person continues to use this painful method (145). Apel tested cobra toxin on only one person and it resulted in a worsening of condition (4).

In addition to subjecting oneself to bee stings and cobra snake bites, Foster reviews an alternative treatment known as chelation therapy, which not only costs thousands of dollars, but can be fatal. During chelation, a crystalline acid is injected into the bloodstream over several hours. The purpose is to bind heavy metals in the bloodstream, which get carried to the kidneys

for excretion (par. 50-52). The kidneys can undergo severe damage in this process and it can be lethal, as it was in fourteen cases in one clinic (Bowling 58). Chelation therapy can be beneficial for certain types of lead poisoning, but there is no record of metal levels being heightened in MS patients (Foster par. 52).

If a patient does research and chooses a common, sensible regimen a lot of benefits can be reaped from complementary medicine. However, there are many vulnerable patients who are looking for a quick fix to this incurable disease. Ellen Burstein MacFarlene speaks out against her experience regarding the vulnerability of MS patients which nearly caused her death. MacFarlene got roped into a hoax known as Superesonant Wavenergy (SRWE), a stress/recovery exercise program that was supposed to fix the imbalances of her immune system and ultimately cure her multiple sclerosis. She paid Dr. Irving Dardik a total of \$100,000 after reading about his cure in a well-respected magazine. Within seven months, she had to quit her job, get 24-hour nursing care, and was in a wheelchair full-time. The doctor offered no restitution for his worthless cure and greed (par. 23-31). Because there are many people out there looking to take advantage of desperation (Foster par. 31), it is important to talk to a doctor and other people who have used the treatment before trying that particular method (Foster par. 63, 65). Foster also encourages patients to investigate the treatment provider and the clinic where it is practiced to check the validity of the CAM (par. 66-67).

Complementary and alternative medicines clearly have their risks and benefits. When considering which option to choose, the best option is to be informed and aware of what gimmicks are out there. There have been no long-term scientific studies performed to show that complementary medicine is unequivocally effective (Huntley 104) but the majority of them have shown to be at least somewhat effective. MS progresses differently in each patient, flare-ups are

spontaneous, and each person reacts differently to a given treatment; consequently, it is hard to judge how effective a complementary treatment actually is. Even conventional medicines do not work to the same efficacy for each person, and complementary medicine is no different. It is important to realize that complementary medicine is not a cure, because nothing can replace the myelin that has been destroyed. Conventional medicine is important in reducing the number and severity of attacks, but when it comes to improving the quality of life, symptom severity, relapse rates, and disease progression (Shinto 891) complementary medicine is the best option.

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