

7. Lifestyle Factors⁷

These come under the umbrella of Integrative Medicine and are concerned with what a person can do for themselves in the context of their daily life. Lifestyle factors contrast with complementary therapies which better describe a therapy provided by a therapist, or a compound taken by the patient. (eg. Nutritional Supplements/ Herbs)

Lifestyle factors or therapies include physical factors such as nutrition (food/juices), exercise, exposure to sunlight and creative activities.

They also utilize Mind-Body Interventions which can include psychosocial activities, group therapy, mind training (positive thinking, affirmation, imagery etc), meditation, Yoga, Chi Gong, Tai Chi, healthy emotions: (relationships, communication, laughter, forgiveness, etc) personal development and transformation

Lifestyle factors also encompass spiritual pursuits such as exploring meaning and purpose in life, prayer, spiritual healing, religious practice and spiritual development.

8. Complementary & Alternative Medicine⁸

In the United States, the National Centre for Complementary and Alternative Medicine (NCCAM), defines CAM as a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine, as defined by our medical peers.

Unlike in America, Complementary Medicine and Alternative Medicine tend to be spoken of quite separately in Australia.

9. Complementary Medicine⁹

Any therapeutic practice that does not satisfy the standards of the majority of the orthodox medical community in Australia, that is not taught widely at Australian medical schools and that is not generally available at Australian hospitals.

According to Dr Vicki Kotsirilos¹⁰, this definition varies cross culturally with more medical schools – both in Australia and overseas – now offering courses in complementary medicine.

Dr Kotsirilos states that the diversity of these therapies makes them difficult to categorise as a group, yet they are often collectively referred to as 'complementary', 'alternative', 'integrative', 'unorthodox', 'unconventional', 'unproven', 'natural', 'traditional' and 'holistic' medicine, and are contrasted with 'conventional', 'mainstream', 'allopathic', 'orthodox', 'conventional' and 'scientific' medicine.

According to the NCCAM, CAM can be grouped as:

- i. **Alternative Medical Systems:** including Naturopathy, Traditional Chinese Medicine, Ayurveda and Homeopathy.
- ii. **Mind-Body Interventions:** including patient support groups, Cognitive-Behavioural Therapy, Meditation, Prayer, mental healing, and therapies that use creative outlets such as art, music, or dance.
- iii. **Biologically Based Therapies:** including herbs, foods, vitamins, minerals, and dietary supplements.
- iv. **Manipulative and Body-Based methods:** including Therapeutic Massage, Shiatsu, Chiropractic, and Osteopathy.
- v. **Energy Therapies:** including Acupuncture, Therapeutic touch, Reiki, Chi Gong, electromagnetic fields, magnetic fields, Kinesiology.

10. Alternative Medicine¹¹

Alternative medicine has two aspects:

- i) Proven Alternative Medicine which includes alternative medical systems such as Traditional Chinese Medicine and Ayurveda. These alternative medical systems represent a different paradigm of health care when compared to Conventional Western Medicine.

- ii) Unproven Alternative Medicine – sometimes described as Unorthodox, Unconventional or Unproven Medicine and or therapies. This generally describes medical interventions that are not widely taught at medical school, not generally provided at hospitals, and are outside peer accepted mainstream medicine and standards of care.

11. Traditional Medicine or therapies¹²

Well documented or otherwise established medicine or therapies according to the accumulated experience of many traditional health care practitioners over an extended period of time.

The Therapeutic Goods Administration (TGA) provides a specific definition: ‘traditional use refers to documentary evidence that a substance has been used over three or more generations of recorded use for a specific health related or medicinal purpose’.

Traditional therapies include traditional Chinese medicine, traditional Ayurvedic medicine, Western herbal medicine, Homoeopathic medicine, Indigenous medicines, and Aromatherapy.

12. Natural Medicine or therapies¹³

Substances or therapies that work with the natural processes of the body by restoring or correcting organic functions; or modifying organic functions such that they function in a manner that maintains or promotes health. They generally support the body’s own healing mechanisms rather than taking over the body’s processes.

Examples of pharmaceutical medication originally derived from natural medicine include digitalis from the herb foxglove (*Digitalis purpurea*), and salicylate from willowbark (*Salix alba*), which contains the active ingredient salicin.

COMMENT

Using these definitions, Integrative Medicine can be understood as an umbrella term which includes current Western Orthodox Medicine and Complementary Medicine. Alternative Medicine is posed as a choice to Conventional Western Medicine. This may be a well founded, proven alternative therapy such as whether to use Western Medicine or Traditional Chinese Medicine to treat a specific condition (where two quite different approaches are both established as having good results via different and therefore alternative methodologies); or an unproven alternative therapy such as using shark cartilage to treat primary cancer.

2. THE AIM OF TREATMENT

Curative Treatment¹⁴

Aims to render the person clinically free of detectable disease such as cancer and to restore the person to their normal life expectancy.

Palliative Treatment¹⁵

Palliative care is an umbrella term for assisting those approaching death. It is a fundamental need and right. This term is generally used in the context that death is imminent and inevitable; and the application of palliative care aims to make dying as easy and comfortable as possible.

Palliative treatment is non curative by definition. It aims to extend life, eg. Increase survival time, ameliorate symptoms, and increase quality of life.

3. LEVELS OF EVIDENCE¹⁶

The NHMRC levels of evidence relevant to the validation of medical research.

Level I – from a systematic review of all relevant randomised controlled trials–meta–analyses.

Level II – from at least one properly designed randomised controlled clinical trial.

Level IIIa – from well-designed pseudorandomised controlled trials (alternate allocation or some other method).

Level IIIb – from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case-control studies, or interrupted time series with a parallel control group.

Level IIIc – from comparative studies with historical control, two or more single-arm studies or interrupted time series without a parallel control group.

Level IV – opinions of respected authorities based on clinical experience, descriptive studies or reports of expert committees.

Level V – represents minimal evidence that represents testimonials.



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