

## Nonconventional Therapies

**H**aving just read the article by Schachter et al<sup>1</sup> in the December issue of the ARCHIVES, I believe that clarification of a number of issues would have helped to communicate their ideas more effectively and that the authors should express their views on the directions that research on the nonconventional therapies should take.

For their purposes, it was perhaps necessarily crude to lump together all the various types of therapy as they did, but thoughtful discussion is possible regarding most of the types of therapy that they included. Many, perhaps most, physicians give some significant degree of credit to hypnosis, and few, if any, would call for making it illegal. Yet it was included with homeopathy and Eastern medicine (which was poorly defined), which mean different things to different people. Some of the claims of homeopathy, particularly that a substance can be effective even when a solution is diluted to the point at which it does not contain even one molecule or atom of the substance, smack of quackery so strongly that they blind serious students of the health sciences to the features of homeopathy that deserve skeptical but open-minded study, eg, the emphasis on the whole relationship between a person and his or her environment, including interactions with people. Naturopathy seems to avoid the above fatal flaw of homeopathy, although it also emphasizes a patient's milieu.

Numerous practitioners of chiropractic have also appeared of late to address the context of a person's problems and to claim that advantage over standard medical and surgical therapy; but even the special maneuvers that characterize chiropractic frequently seem to result in a dramatic improvement and warrant proper evaluation. My medical colleagues are understandably put off by talk of subluxation when misalignment is on the order of millimeters, yet many people have experienced a dramatic reduction of pain and of other apparently neurogenic symptoms shortly after chiropractic (or osteopathic for my colleagues holding DO degrees) manipulation. Jerrald Hirschberg, MD, a professor of physical medicine and rehabilitation at my residency in the San Francisco Bay area, shared his theories on how manipulation sometimes helps but sometimes does not, and they seem consistent with my observations of patients. Few other physiatrists or orthopedic specialists seem to share his interest unless they have seen the results personally or in their patients, but

what factors are associated with a good outcome from manipulation are not easily found in the literature. I would suggest that an important factor is the degree to which tissue strains are aggravated by manipulation.

Massage therapy may have many of the same abilities as chiropractic manipulation to quickly reduce pain and other consequences of muscle spasm without carrying the same risk of aggravating tissue strains, but it has limitations also.

Several of the nonconventional therapies derive the well-known benefit of touch, empathy, and other less well-understood factors involved in the interaction between caring, sensitive practitioners of a healing art and their patients, but the authors' appropriate emphasis on scientific proof of effectiveness should not be meant to imply that these factors cannot be studied. Controlled studies can be done for many of the factors involved, with careful definition of what constitutes the study variable. The National Institutes of Health Office of Alternative Medicine, Rockville, Md, promises, despite some early problems, to support and critically evaluate such studies. Hopefully, this article will demonstrate the interest in the field.

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- Schachter L, Weingarten MA, Kahan EE. Attitudes of family physicians to nonconventional therapies: a challenge to science as the basis of therapeutics. *Arch Fam Med*. 1993;2:1268-1270.

## You Can Be Both Conventional and Nonconventional

**T**he brief report and practice commentary by Schachter et al<sup>1</sup> and Kaplan,<sup>2</sup> respectively, on nonconventional therapies and family physicians' attitudes deserve a comment and enlightenment.

I am a board-certified osteopathic family physician practicing conventional primary care medicine. However, according to the authors' comments, my use of osteopathic manipulative treatment (OMT) in almost 90% of my practice might brand me as nonconventional. I use this unique manual approach in the outpatient setting