

## **Is This Alternative Treatment Good or Bad for You? Why Can't the Experts Agree?**

By Iris R. Bell, MD PhD (<http://www.HolisticMedicineTips.com> )

Medical experts say that they want their patients' treatment to be "evidence-based" – that is, chosen on the basis of good research studies. They are often critical of complementary and alternative medicine (CAM) because of the limited research available by mainstream Western medical standards for any particular treatment.

The trouble is that it is hard even for doctors, let alone consumers, to figure out whether a treatment is good or bad in a particular case. This problem affects not only treatments with mainstream drugs, but also with the many different types of CAM. Especially in CAM, practitioners usually try to individualize the treatment for the unique physical and psychosocial situation of the person as a whole. What makes it so hard to tell if a treatment might be "good" or "bad" for you?

First, research studies are not individualized; rather, scientists typically do their studies on large groups of people – and then scientists average the results over everyone who participated. So, group averages do not tell doctors very much about what will work for you as the individual in front of them in the office. And the formal research testing doesn't always tell them the possible interactions between the treatment and other factors – other medications, natural products, other conditions you may have that the research study participants didn't have, genetics, environmental exposures – that can each increase or decrease the effectiveness and/or the safety of the treatment for you.

In short, research evidence often doesn't give your doctor or you the information he or she needs to decide whether or not a treatment will be good or bad for you in your particular and unique situation. Advice of friends and family, as well as health food store clerks, can sometimes be helpful, but they usually only know what worked for them. You can't know if you will have the same or different result.

Second, the results of any research study are most relevant to the precise conditions under which the scientists tested a particular treatment. For example, most "good" research studies recruit patients who have fewer health problems and use fewer drugs than the average patient in a doctor's office. Studies also focus on a specific outcome for a short period of time, usually an outcome that is relevant to the patients' disease, not to the patient. And they observe for 8-12 weeks or so.

If scientists test a treatment's effects on persons with headaches for 12 weeks, but the CAM treatment helps other symptoms (not headache) get better, improves overall energy, and gives them a greater sense of well-being in 12 weeks (but has little effect on the headaches until week 20 or later), the conclusion will be that the treatment "doesn't work." Meanwhile, CAM practitioners and patients are puzzled and even outraged to hear the results -

because of the contradictions between the research conclusions and their experience in the real world. But in the real world outside of a research study, the practitioners and patients were able to look at more than the headaches, and they were able to allow the treatment more than 12 weeks to work.

Third, people who do and don't use CAM differ in their personality type. People who choose to try CAM treatments score higher than CAM non-users on the trait of openness to experience. Openness is one of the five major dimensions of personality, along with extraversion, conscientiousness, agreeableness, and neuroticism. Other research has shown that people high in trait openness may have not only a different psychology, but also a different biology and genetics, than people low in that trait.

If a research study happens to recruit a lot of people who are low in trait openness and a CAM treatment doesn't work during the study, the results could be valid – but not relevant to the majority of people who actually use the treatment in the real world, outside the research study.

For now, the bottom line is to use common sense. If doctors and other experts haven't found any serious side-effects of a CAM treatment and your own health care providers don't see any significant risks for you with your unique health issues - and some people find the treatment helpful for problems like yours - consider trying it. Continue it if it helps; stop it if you get worse or develop a new problem. And keep educating yourself about your health care treatment options – empower yourself with information. Don't expect your doctor or other health care providers to have all of the answers or for any one research study to give them or you the final word.

**Iris R. Bell, MD PhD** is an alternative medicine researcher, author, consultant and educator offering a range of books and programs at <http://www.irisbell.com>. Sign up today for your own free copy of her mini-course on holistic treatment options at <http://www.holisticmedicinetips.com>.