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# CAM Use on the Rise; Physician Perceptions Changing

by Thomas C. Meyer, MD, WMJ Medical Editor

**A**lternative Medicine, Integrative Medicine, Complementary and Alternative Medicine (CAM) — whatever you like to call the forms of medical treatment and care that were not taught when we were in medical school — is certainly taking an ever-increasing role in the care of patients today. The use of these modalities by patients makes it incumbent on the profession to know enough about CAM to be able to determine whether whatever nostrum the patients are taking may interfere with or aggravate the effects of the physician-prescribed therapy. Equally, we should feel comfortable asking all patients if they are taking any alternative medications. Not an easy job, as patients assume we disapprove and may therefore be reluctant to volunteer such information. This issue of *WMJ* is designed primarily to provide us with sufficient background relating to CAM that we can decide whether to look further into the practices for our own benefit.

Doctor Barrett's thoughtful historical perspective provides an overall view of the topic, the literature history of CAM in the United States, and the 31(!) modalities that are generically clumped under the CAM heading. He also speculates as to some of the reasons for CAM's ascendancy in the last two decades (p 20). Doctor Rooney and her colleagues' study of the current use by medical personnel (both personal and prescribed) of CAM in a large, prestigious Wisconsin clinic underscores much of the information in Dr. Barrett's paper. Who would

have believed it is possible to obtain a 79% response rate to any survey of medical personnel — let alone persuade them to identify modalities they have used personally and/or recommended to patients? (p 27). Doctor Werner describes some of the downsides of folk remedies and medications in the Wisconsin Hmong community, which lends support to the "I told you so" attitude some of us may have, but nevertheless validates the necessity for us to know about these things if we are to help patients — even if they are poisoning themselves with uncontrolled medications (p 32). Mark Kennedy's articles (p 12 & 17) offer a glimpse of the diversity of specialties using these modalities, and their success. One physician interviewed asserts that most medical schools offer classes dealing with some of these modalities — so maybe we should take CAM seriously, even though medical schools can be as wrong as anyone else, and chances are the courses are elective.

Doctor Meurer and her colleagues make a strong case for the information that may be derived from asking patients, "In general, would you say your health is Excellent/Very Good/Good/Fair or Poor?" (p 35). Incongruity between the self-reported health status and clinical findings may well signal further exploration of possible undetected factors in patients' lives.

Two Blastomycosis reports (p 40 and p 43) led us to request that Dr. Proctor give us some guidance as

to the degree with which we should take the reports to heart. In his guest editorial, (p 8) Dr. Proctor endorses the message in Dr. Munday and colleagues' case report — namely to think of Blastomycosis in a patient whose pneumonia does not respond to antibiotics — while taking Drs. Baumgartner and Paretzky to task for their methodology, sampling and data analysis in their report of the risks of exposure to Blastomycosis in the home.

In the next issue of *WMJ* we will begin a series entitled "Dilemmas in Geriatrics." These are based on some material in the Proceedings of the Royal College of Physicians of Edinburgh and will provide a brief scenario of a common clinical dilemma before asking you to submit your opinion of how best to deal with the dilemma. We will collate the opinions and publish them, along with those of a Scottish and a Wisconsin guru in the following issue. We hope you will think about the problem, perhaps discuss it with colleagues and let us have your opinion.

Finally, we also hope for your input into another new *WMJ* feature: physician photography. We believe many Wisconsin physicians have a flare for photography, and we would like our pages to serve as a venue for some of your favorite work — be it nature, still life, or interesting faces and places. If you are one of those photographer/physicians, we encourage you to submit black and white or color photos for this new visual component of *WMJ*.



The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *WMJ* (ISSN 1098-1861) is the official publication of the State Medical Society of Wisconsin and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *WMJ*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *WMJ* nor the SMS take responsibility. The *WMJ* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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