

# Complementary Therapies In Neurology: An Evidence-Based Approach

By Barry S. Oken

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Reviewed by Michael Greenwood, MB (MD)

In *Complementary Therapies in Neurology*, editor/author Barry Oken has taken on the daunting task of providing a comprehensive review of the current evidence base for the vast and expanding field of complementary and alternative medicine (CAM).

The book is divided into 2 sections. In the first, CAM is defined and various CAM therapies described, ranging from near conventional like chiropractic and naturopathy, to the more esoteric such as Chinese Medicine, Ayurveda, meditation, and religious approaches. The section finishes with a chapter on the placebo effect, which explores the various factors that confound controlled trials of CAM, grouping them under the broad rubric of "expectancy." The second section discusses the evidence for and against the use of CAM interventions for specific conditions ranging from the commonplace like back pain and depression, to the more catastrophic like multiple sclerosis and amyotrophic lateral sclerosis. A final chapter on psychiatric conditions ends with a discussion of placebo's shadow, the nocebo effect.

Although readers will certainly find *Complementary Therapies in Neurology* packed with data, in a book about evidence, I think one is entitled to ask just what kind of evidence it might be, and further, whether that evidence is relevant to CAM. Because, like it or not, many interactional CAM therapies transcend the reductionist framework of scientific medicine, and it just is not possible to subject them to an objective research agenda and prove anything beyond researcher bias.

The answer is that the book sticks very much to controlled randomized trials, and deals with the philosophical conundrum posed by interactional CAM largely by avoidance. For example, while several authors admit randomized trials are not really possible to do without compromising the therapy in question, nobody actually questions the current vogue that demands CAM conform to a mode of enquiry suited only for drugs. Secondly, in a chapter on the placebo effect, there is no acknowledgement that much of CAM involves embracing the placebo effect and making it conscious, not ruling it out. Finally, in various places including discussions on epilepsy, cerebral palsy, and nocebo effects, phenomena that are clearly energetic shifts in process are interpreted as negative effects rather than being framed simply as subjective experiences, which they probably would be in many CAM contexts. In a book about CAM, these issues cannot be ignored, or else one is not really talking about CAM at all.

The result is that despite its promising potential, the book somehow misses the mark. That's not to say that trials on St. John's Wort for depression are not interesting, but in my view, such studies are not so much about CAM as they are about trying to pretend that CAM can be squeezed into the reductionist perspective.

To be fair, the book does not claim to be to be anything more than an overview of the current objective evidence base and indeed, what it does purport to do, it does admirably. It catalogues many current stud-

ies on unusual treatment options. For physicians who have not had much exposure to CAM, *Complementary Therapies* is pertinent and timely, and deserves to become a well-thumbed manual because it demonstrates that much of CAM is as valid as any commonly accepted therapy. However, readers who have already made the conceptual leap to a holistic understanding of illness may find the book misses a great opportunity to elucidate an emerging paradigm.

## REVIEWER INFORMATION

Dr Michael Greenwood is Medical Director of the Victoria Pain Clinic, a residential facility in Victoria, British Columbia, Canada. Dr Greenwood specializes in chronic pain/chronic illness patients, developing techniques integrating the body, mind, and spirit.

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Request PDF | On Sep 25, 2006, J. I. Sirven and others published Complementary Therapies in Neurology: An Evidence Based Approach | Find, read and cite all the research you need on ResearchGate. Article in Neurology 67(6):1106-1106 September 2006 with 5 Reads. How we measure 'reads'. A 'read' is counted each time someone views a publication summary (such as the title, abstract, and list of authors), clicks on a figure, or views or downloads the full-text. Indications and evidence for rituximab in neurology. An understanding of the evidence for rituximab in neuroinflammatory disorders (see table 1 for a briefer summary) should inform off-license prescribing. With a choice of licensed disease-modifying therapies supported by phase III randomised controlled trials, use of rituximab in the UK for MS is rare. However, there is evidence suggesting efficacy, and it may be an option in occasional cases (especially if licensed comorbidities, such as active rheumatoid arthritis, facilitate funding). A solution for subcutaneous injection is available but is not used in neurology and therefore will not be discussed in this review. There is no validated dosing strategy for rituximab in neuroinflammatory disease and there is great heterogeneity in the literature. Leading & Managing Occupational Therapy Services An Evidence-Based Approach Edition 1 by Brent Braveman. Today. 21 MB. Complete Guide To Complementary Therapies In Cancer Care, The. Today. 1.6 MB.