



The Alternative Medicine Handbook

By Barrie R. Cassileth

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This work shows the reader how to evaluate over 50 alternative therapies, from Ayurveda to homoeopathy to acupuncture. The author discusses the origin of each therapy, the reasons practitioners say it works, the scientific evidence, and the places to go for treatment. The author also includes methods that might have no scientific basis but seem to work, and she warns against those that may be dangerous. The book is arranged alphabetically.

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The Alternative Medicine Handbook By Barrie R. Cassileth Bibliography

- Rank: #4268605 in Books
- Published on: 1998-01
- Original language: English
- Number of items: 1
- Dimensions: 1.18" h x 7.30" w x 9.55" l,
- Binding: Hardcover
- 340 pages

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Editorial Review

From Library Journal

Cassileth, a founding member of the Advisory Council to the National Institutes of Health Office of Alternative Medicine (OAM), describes 53 of the most popular alternative therapies. Arranged according to the OAM classification, each therapy is discussed in terms of its origins, the reasons practitioners say it works, some reference to scientific evidence, and a listing of resources. Generally objective, Cassileth's evaluations have an air of conservatism; for larger collections where differing views on alternative medicine are valued. (LJ 2/1/98)

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From The New England Journal of Medicine

Unconventional medical care was once thought to be the exclusive domain of the charlatan and the gullible minority. Currently referred to as complementary and alternative medicine by its proponents, its influence has now spread from the tabloid headlines and talk shows to the examining rooms of even the most sophisticated urban medical centers. The movement is driven by twin engines: aggressive marketing by "health-oriented" companies and the demands of patients who are aware of the accomplishments of science and who seek cures for every health problem. David M. Eisenberg and colleagues estimated in the Journal that in 1990, the number of visits to providers of unconventional therapy in the United States exceeded the number of visits to all U.S. primary care physicians ("Unconventional Medicine in the United States." 1993, vol. 328, pp. 246-252). Responsible clinicians must be able to help their patients sort through all the therapeutic options, including those they may find unconventional, because patients increasingly want informed and shared decision making about their health. Two new books attempt to provide practical discussions of complementary and alternative medicine and its relation to, and possible integration with, normative medical practices.

The Alternative Medicine Handbook, by Barrie R. Cassileth, is organized as a reference on the most commonly used complementary and alternative therapies. Cassileth brings to this work an appropriate base of experience; she holds teaching appointments at Harvard University and Duke University, is a founding member of the advisory council to the National Institutes of Health Office of Alternative Medicine, and has published extensively on the subject in peer-reviewed medical journals. Dealing with a broad range of material, from the use of shark cartilage to the traditions of ayurvedic medicine and the tenets of shamanism, she summarizes each therapeutic approach -- its history, the beliefs on which it is based, and the therapeutic claims made for it -- and analyzes any research-based evidence of its efficacy. For the physician who wants to advise a patient, Cassileth offers a balanced approach, providing information on certain treatments that appear to be safe and of possible benefit, as well as caveats against the indiscriminate use of others.

Discussing herbal remedies and nutritional supplements, for example, Cassileth notes that few physicians and patients are aware that the Dietary Supplement Health and Education Act of 1994 eliminated the requirement that these products be reviewed by the Food and Drug Administration. As a consequence, she cautions, they are no longer evaluated for either safety or purity; sometimes they contain none of the advertised components, and they are not evaluated to determine whether they support a promoter's claims. Furthermore, labels on these products rarely include information about risks, side effects, or possible harmful interactions with other substances. This lack of federal oversight is, appropriately, currently under review. Following the lead of H.L. Mencken, who observed that for every complex problem, there is a simple solution -- and it is wrong, Cassileth suggests that physicians should remain open to unconventional ideas but must help their patients understand the need for a scientific approach to complementary and alternative

medical practices and products.

With the growing dominance of economically driven managed care in American medicine, decisions about treatment are subjected to greater scrutiny by parties outside the traditional doctor-patient relationship. The second book reviewed here, *Alternative Medicine and Ethics*, focuses largely on issues facing policy makers. The six essays in this book vary in their clarity and insight. Stephen Barrett argues forcefully that although the science-based medical community tests its theories and practices in order to develop a coherent body of reproducible experience and knowledge, the alternative-medicine community has no such commitment. Vimal Patel, whose essay supports alternative therapies, attacks organized medicine for its "befriending relationships" with the tobacco and pharmaceutical industries, cites examples of contraindicated surgeries performed to enrich surgeons, hails the 1994 Dietary Supplement Health and Education Act, and stresses the importance of "healing" the patient without necessarily curing the patient's illness.

The remaining essays deal with ethical challenges alternative medications pose for the pharmacist, the legal and ethical dilemmas surrounding prayer as a method of alternative healing for children, and the ramifications of the increasing insistence that complementary and alternative therapies be covered by health insurance. Discussing the issue of insurance coverage, S. Mitchell Weitzman argues that, on the one hand, complementary therapies such as yoga, meditation, and dietary modifications can reduce the cost of surgical or medical treatment of heart disease, but on the other hand, reimbursement for such approaches will reduce the resources available for established methods of care.

As we deal with the issues raised by complementary and alternative medicine, we must be prepared to give credence where it is due. Many of the currently approved remedies originated, after all, in folk traditions: digitalis, chloroquine, and aspirin are examples. Other treatments that may have originated as alternative approaches include use of a form of vitamin A to treat acute promyelocytic leukemia, application of electric currents to speed the regrowth of bone, and use of high-intensity light to treat some forms of depression.

As philosopher Carlyle Marney wisely cautioned, "A window stuck open is as useless as a window stuck closed. In either case, you've lost the use of the window." We must continue to insist on the painstaking accumulation of evidence in the scientific testing of each new breakthrough, especially since, according to a recent article from the National Institutes of Health Office of Alternative Medicine, complementary and alternative approaches are amenable to the same testing used for standard medical treatments (J.S. Levin, et al. "Quantitative Methods in Research on Complementary and Alternative Medicine." *Medical Care* 1997, vol. 35, pp. 1079-1094).

Reviewed by Avrum Bluming, M.D.

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From [Booklist](#)

An estimated 60 million Americans use alternative therapies each year. Cassileth, affiliated with the National Institutes of Health Office of Alternative Medicine, the American Cancer Society, and two medical schools, offers a survey of 54 therapies from a decidedly conservative, mainstream medical point of view. Though claiming that her book "neither promotes nor opposes" any therapy, she clearly has not made the paradigm shift necessary to understand the bases of much of this vast array of approaches, particularly alternative anticancer therapies or those originating in other cultures. The author often steers the reader away from the particular therapy by recommending that he or she first contact a medical doctor or mainstream organization, such as the Arthritis Foundation. Therapies here are organized into such groups as diet and herbs, bodywork, and mind-body. In chapters of 5 to 10 pages, each approach is treated as follows: what it is, what practitioners say it does, beliefs on which it is based, research evidence to date, what it can do for the patient,

and where to get it. Factual errors in several entries were noted; missing in this work are considerations of medical politics or economics. Purchase it to balance more favorable views of alternative treatments. *Penny Spokes*

Users Review

From reader reviews:

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