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Complementary Therapies in Neurology

AN EVIDENCE-BASED APPROACH
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Complementary Therapies in Neurology
AN EVIDENCE-BASED APPROACH
EDITED BY
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Preface

There is a significant use of complementary and alternative therapies throughout the world. Many of these therapies may offer benefits to people with neurological diseases. Some of these benefits are proven, some are not well studied, and some of these purported benefits have already been shown to be lacking. These complementary therapies may interact with conventional treatments, so it is critical for conventionally trained health-care providers to be knowledgeable about the complementary therapies their patients are using. Despite these facts, there is a lack of knowledge of complementary therapies by many conventionally trained physicians. For all these reasons, it seemed an appropriate time to provide a book focusing on complementary therapies for neurological disorders. This book is targeted to any health-care provider who sees people with neurological diseases. While there are other books in the general area and even one for neurological disorders, the scientific level of all the chapters, especially those sections organized by disease states or conditions, should be accessible to even the most scientifically stringent, conventionally trained physicians, including neurologists.

The book is organized into two main sections following the introductory chapter. The first section discusses many of the complementary and alternative therapy modalities. The second section is structured similarly to conventional neurology textbooks; it is organized by disease states or conditions and reviews relevant evidence in a very conventional manner.

The choice of topics for the first portion of this book was based in part on the amount of evidence available and on the amount of use. Some therapies were not chosen, because there was too little published clinical data regarding neurological disorders. These therapies may have well-established and wide medical use but not in neurology to any degree, or they may be used for neurological disorders but without much evidence.

Music, dance and art therapy could all be considered aspects of mind-body medicine. These therapies are well-established complementary therapies with formal educational programs at the undergraduate or graduate level, national organizations (www.arttherapy.org, www.adta.org and www.musictherapy.org) and accreditation processes. While there are randomized controlled trials of these therapies for some indications, the evidence for most neurological disorders is limited. There are other complementary therapies such as use of magnetic fields and aromatherapy that have no specific chapter focused on these treatments, but relevant data are discussed in the disease-oriented chapters. There are several modalities that are usually considered more within the realm of conventional medicine and are not discussed in any detail; these include transcranial magnetic stimulation and hyperbaric oxygen. There are groups of complementary therapies, such as energy-based therapies, for which data are limited and these also are not discussed in any detail (e.g. Reiki, therapeutic touch, Qigong). Homeopathy is discussed only briefly in the chapters on epilepsy and naturopathy.
Some of the chapters include historical perspectives; these are particularly the chapters on traditional Chinese medicine and ayurveda. The utility of modalities such as acupuncture does not depend on acceptance of the historical perspectives, and some even feel that this historical perspective may be impeding its scientific development. However, it is of some importance to know these historical perspectives and to refine the explanatory concepts with empirically testable theories on the mechanisms of action.

The goal for this book is to be a useful resource to conventional or complementary health-care providers who are trying to optimize the health of their patients.
Acknowledgements

I would like to acknowledge all the clinical researchers whose published clinical trials and insights have produced the knowledge upon which this book is based, and all the government and non-government organizations that have funded the research discussed in this book. The US National Institutes of Health National Center for Complementary and Alternative Medicine has supported the Oregon Center for Complementary and Alternative Medicine in Neurological Disorders (ORCCAMIND) (www.ohsu.edu/orccamind) which has been under my direction since 1999. I have appreciated the discussions I have had with all the researchers at ORCCAMIND concerning many of the topics discussed in this book.

I would like to thank all the members of my research staff who have been excellent at carrying out many research projects and allowing me to focus some time on this book. I would like specifically to acknowledge Andy Fish for organizing the chapters and correspondence from both the authors and CRC Press, and Shirley Kishiyama who helped with editing and graphics.
DEDICATION

To my family, for their love and support
Plate 1 Regional cerebral blood flow changes in pain-related activity within primary somatosensory cortex (S1) and anterior cingulate cortex (ACC) associated with hypnotic suggestions for increased pain (↑), decreased pain (↓) and increased minus decreased-pain (↑–↓) intensity (Int), and unpleasantness (Unp) during the sensory-modulation experiment (from reference 54) and the affective-modulation experiment (from reference 53). Modulatory effects of suggestions for ↑ and ↓ pain (Int or Unp) are revealed by subtracting positron emission tomography (PET) data recorded during the warm hypnosis-control condition from the ↑ pain (Int or Unp) and the ↓ pain (Int or Unp) conditions and the ↑–↓ pain (Int or Unp) involved subtracting ↓ pain (Int or Unp) condition from the ↑ pain (Int or Unp) condition. Horizontal and sagittal slices through S1 and ACC, respectively, are centered at the
Plate 2 $[^{11}C]$Raclopride-positron emission tomography scans of a patient with Parkinson’s disease at baseline (a) and after administration of placebo (b) during a double-blind experiment where the subjects received placebo or a dopaminergic agent (apomorphine) at different times. The diminished striatal radioactivity observed following placebo is thought to reflect an increase in synaptic dopamine in this type of scan.