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The Hospital Physician Gastroenterology Board Review Manual is a study guide for fellows and practicing physicians preparing for board examinations in gastroenterology. Each quarterly manual reviews a topic essential to the current practice of gastroenterology.

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Complementary and Alternative Medicine Therapies for Gastrointestinal Disease

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INTRODUCTION

One out of two adults in the United States use some form of complementary and alternative medicine (CAM) therapy, and approximately 40% of those with gastrointestinal or liver disease use CAM alone or in combination with conventional medicines. This discussion focuses on the more commonly available CAM therapies for gastrointestinal and liver disorders and obesity, with attention to the underlying pathophysiological rational for their use, an emphasis on controlled trials of efficacy, and cautions about toxicities.

CAM therapies are heterogeneous and comprise any modality with proposed health care benefits that is not part of conventional Western medicine. These therapies include but are not limited to: vitamin and herbal treatments, special diets, homeopathy, acupuncture/acupressure, hypnosis, aromatherapy, chiropractic and massage therapies, meditation, yoga, prayer, and art, dance, and music therapies. Unfortunately, formal Western medicine educational programs offer little to no training for these alternative approaches to health care; therefore, conventional practitioners may be unaware of the potential benefits as well as potential harmful effects associated with CAM.

The American public has become increasingly interested in CAM. Indeed, studies of trends in alternative medicine use show a steady increase over the past decade, with out-of-pocket estimated expenditures exceeding $21 billion in 1997 alone. Today, approximately 50% of adults in the United States use some form of CAM therapy.

CAM therapies may be attractive compared with conventional medicine for many reasons. Accessibility is a key issue: rather than a several-month wait for a physician appointment to receive prescription medicine, many CAM therapies are readily available in most supermarkets. CAM therapies may be comparatively inexpensive. Consumers of CAM feel no pressure to be compliant and no need for follow-up physician appointments. The lay public believes that over-the-counter preparations are generally safe, yet they routinely fear side effects from conventional medicines. It is increasingly common to refer to patients as “health care consumers.” As such, patients’ expectations include freedom to choose health care providers, insurers, and even specific medical treatments. Advances in information technology have empowered savvy health care consumers with multiple options, allowing them to research potential therapies, compare prices, order online, and question the benefits of conventional versus alternative therapies. Given the ever-rising cost of conventional medical care and limited accessibility to health care for uninsured patients, it is not surprising that the CAM industry is expanding rapidly. Health care providers must be fully aware of this industry and how it affects the health and well-being of their patients.

CAM THERAPIES FOR SPECIFIC CONDITIONS

CHRONIC PANCREATITIS

In chronic pancreatitis, the most clinically prominent and difficult-to-manage symptom is severe pain, which often results in disability, poor quality of life, and enormous consumption of health care dollars. Conventional treatments, including surgery and endoscopic ductal decompression, afford pain relief in a limited subset of patients. In addition, although pancreatic enzyme replacement improves nutrient absorption, few controlled trials report improvement of chronic pain. Many patients require chronic narcotic analgesics, which still do not completely relieve their symptoms. Thus, both patients and providers are actively seeking alternative therapies for chronic pancreatitis.

Antioxidants

Antioxidants may play a major role in therapy for patients with chronic pancreatitis. Regardless of the specific etiology of pancreatic injury, premature activation of proteolytic enzymes results in lipid peroxidation and generation of toxic intracellular free radicals. Thus,