

The Review of Integrative Medicine Practice's Strengths and Weaknesses Worldwide

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ABSTRACT

Integrative medicine practice or integrated medicine (IM) has been introduced as a new concept to emerge both conventional medicine (CM) and traditional/complementary medicine (T/CM). This integrated and accessible healthcare was useful in bridging the gaps between CM and T/CM. This study is conducted to gain understanding the concept of the integrated medicine practice in the perspective of strengths and weaknesses. To conduct in-depth understand on the current development of integrative Medicine practice, the study methods involve worldwide electronic database system for searching its strengths and weaknesses of the integrative medicine practice. In general, integrative medicine is demanded by a patient as a new concept of medicine in new millennium. It is providing all medicine basics that included CM and T/CM therapies that focus more on health and healing, more evidence base to T/CM therapies, as well as bridging the communication gaps between CM and T/CM physician. However, integrative medicine still has its limitation, especially CM physicians look at T/CM as a source of “cash cow” to attract more clients or patients to make more profit. Moreover, the malpractice issues also accrue due to the unmaturing medical theory applies and the wrong emerging of medical theory usage. For instance, lack of evidential base in integrative medicine therapy and the difficulties to integrate multi medicine practice into the integrative medicine concept are the major challenges. Despite attempts to reveal integrative medicine strengths and weaknesses, its significant impacts upon individual or nationality still remain unknown. There are still many limitations to

identify the strengths and weaknesses of the integrative medicine model implemented.

Keyword: Integrative medicine, Traditional/complementary medicine, Conventional medicine.

I. INTRODUCTION

Today traditional medicine becomes more and more popular and important. The western surveys showed that over 40% of the US population is using at least one complementary and alternative medicine (CAM) modality or product, and it is increasingly overwhelming (Eisenberg et al., 1997; Association of Professional of Medicine, 2000; Astin et al., 1998; Witt, 2008; Rees et al., 2001; Frenkel et al., 2008). Besides that, the new concept of medicine that namely “Integrative medicine practice” is developing for improving the limitation of both CM and T/CM in providing an effective healthcare to go public. In 1999, the Consortium of Academic Centre for Integrative Medicine was formed to facilitate the integrative medicine in US and Canada (Ruggie et al., 2005). However, the impact of integrative medicine practice is still not clear. It needs to study for gathering a clearly impact of integration medicine system in the perspective of strength and weakness.

II. OBJECTIVE

There are two objectives for this review paper. (i) To conduct literature review on the current development of integrative Medicine System. (ii) To identify the in-depth the strengths and weaknesses of integrative medicine system.

III. METHOD

In order to gather the necessary literature on this subject, the electronic database system in UUM, USM, World health organization, my atthens, pub med, bio medical centre and science direct

are used for related paper searching. For the searching through the electronic database, the following keywords are to be used, (i) Traditional Medicine and conventional medicine, (ii) Integrative medicine system, (iii) Healthcare system/ service, and (iv) Traditional Medicine system. In order to substantiate some of the discussion in this paper, the relevant books, articles and web site are also used as references.

IV. LITERATURE REVIEW

a. Medicine model and medical system

Table 1: Type of health systems across different countries

Types of health system	Description	Applied countries
Inclusive health system	CAM is recognized but it is separated in two components between modern and traditional medicines	Australia, Canada, Germany, Ghana, India, Indonesia, Malaysia, Thailand, Iran, Singapore, Mali, Switzerland, Ukraine, Madagascar, United Arab Emirates as well as United States.
Tolerant health system	CAM is not officially recognized as alternative method in national healthcare system.	Most of the countries in the world.
Integrative health system	CAM was recognized and incorporated into all areas of healthcare practitioner must receive university education that including both traditional medicine and modern medicine, licensed to practice, regulation and registration of medicine services and products, establishment of hospital, and research, training and national insurance for controlling the safety, and quality of medicine.	China, Republic of Korea and Viet Nam.

Source: Lim & Kang 2009.

However, CAM or T/CM is the long history of medicine practice for maintaining health before conventional medicine come into picture (Lim et al., 2009). Previously found that there are a lot of definitions of CAM available (Wahyuono, 2007; Lukman et al., 2007; Lavekar, 2007). Apart from that, World Health Organization (WHO), (2003) defined CAM as “practices health, approaches, knowledge that idea incorporating plants, animals and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in recipe to treat, diagnose and prevent illnesses or maintain healthy”.

The gaps between CM and CAM (Barrett et al., 1999) for instance, the legally and widely accessible of CM compare to the less accessible

Generally, there are 3 types of medicine models available worldwide (Lim et al., 2009), namely Conventional medicine (CM), Complementary and alternative medicine (CAM) or traditional and complementary medicine (T/CM), as well as Integrated medicine (IM). According to WHO (1948), Conventional medicine was recognized as allopathy, western, mainstream, orthodox, regular, and biomedicine. It is practiced by medical doctor (M.D.) or similar health professionals, such as physical therapists, psychologists, and registered nurses (HolisticWebWorks, 2009).

and illegally of CAM. Maizes et al., (2002) and Dr.Weil, (2004) introduced IM as a whole as mind - body medicine as well as health and healing than treatment. IM incorporates the element of CAM and CM therapies into comprehensive treatment plans that provided scientific evidences of safety and effectiveness diagnosis and treatment (Rees et al., 2001; Ruggie et al., 2005; NCCAM, 2007). From the various, can be summarized that IM as one medical entity that comprised CM and CAM, the old philosophy CM is still used but the new philosophy CAM is needed for better life because “medical not just scientists who benefit from new conceptual model (Weil, 2004)” (Lim et al., 2009).

On the other hand, today medical practices affected by government powers that make the system of health operate in various models (Lim et al., 2009). Dr. Sambo, generalized four types of healthcare system: integrative health system, inclusive health system, tolerant health system, and monopolistic or excusive health system (WHO Regional Office for Africa, 2003). Apart from that, both of WHO reports 2002 and 2004 concluded only three health systems in the world: inclusive health system, tolerant health system, and integrative health system. Table 2 from Lim et al., (2009) show the different types of the health system applied across different countries.

Three major types of health system practiced worldwide across different countries. The main reason of these health systems (inclusive, tolerant, and integrative health system) was separated is whether CAM recognized or unrecognized officially by its country government (Lim et al., 2009). Most of the countries are practicing tolerant health system, CAM practice is not officially recognized as an alternative method in tolerant health system. Founded that 16 countries including South East

Asia's, India, United States, Germany, Switzerland, Iran, United Arab Emirates, as well as some of the Africa countries are officially recognizing CAM, moreover there was separately two different components between CM and CAM that namely inclusive health system. Lastly, few countries such as China, Viet Nam and Republic of Korea are practicing integrative health system. In this, the CAM was recognized and merges with CM to establish practice license, regulation and registration of medicine services and products, hospital, as well as research for control the evidence base, safety and quality of medicine. For instance, some countries starting change into integrative health system such as Australia (Phelps, 2008) have been starting to develop its own model in an integrative health system.

b. The strengths of Integrative medicine

The strengths of integrative medicine are divided in five major parties, namely medical academic, patient, medical providers, and public.

Table 2: Strengths of integrative medicine

Medical providers	Medical academic	Patient	Public
<ul style="list-style-type: none"> - Supervise CAM treatment for quality measurement (Frenkel et al., 2008; Ruggie et al., 2005) - Improve physician partnership, collaborate and share liability (Schouten et al., 2005; Ruggie et al., 2005; Maizes et al., 2002; Cohen et al., 2002) - Improve physician skills (Maizes et al., 2002) - Holistic physician can accept CAM concept (Maizes et al., 2002) - Provide all medicine basic (Association of Professional of Medicine, 2000; Horrigan et al., 2008) - Provide other service (Horrigan et al., 2008) - Improve relationship between medicine (Ruggie et al., 2005; Hewson et al., 2006; Maizes et al., 2002) 	<ul style="list-style-type: none"> - Make accurate and avoid misleading (Association of Professional of Medicine, 2000; Maizes et al., 2002; Ruggie et al., 2005; Boon et al., 2008; Kemper et al., 2007; Sawni et al., 2007). 	<ul style="list-style-type: none"> - Provide high quality medicine (Witt, 2008; Frenkel et al., 2008) - Improve patient – physician relationship (Maizes et al., 2002) - Improve self care and self efficacy (Maizes et al., 2002; Heinen et al., 2008) 	<ul style="list-style-type: none"> - Educate public (Maizes et al., 2002) - Health and healing (Rees et al., 2001; Horrigan et al., 2008; Weil, 2004)

As a new medicine system in new millennium (Weil, 2004; Rees et al., 2001), integrative medicine focuses on health and healing as well as looking for a person health practice (Rees et al., 2001; Horrigan et al., 2008; Weil, 2004). This mind- body medicine provides all medicine basic that included CM and CAM therapies, as well as to improve physicians and patients relationship. It also plays an important role in current health system to provide quality, effectiveness and efficacy healthcare as well as to improve the relationship between CAM and CM.

Frenkel et al., (2008) remarked that the changed of market trend and demand by patients to prefer physician involve directly or indirectly supervising CAM therapies in zone of providing safety,

interdisciplinary collaboration, and team based health care. Integrative medicine allowed a conventional physician provide or supervising CAM treatment for quality measurement. In this team base integrative health care can improve the communication between CAM providers and conventional providers through partnership, collaborate and share their liability as well as avoid the misunderstanding between the both medicines in providing a quality, efficacy, and effectiveness medical care to public.

Integrative medicine can make accurate and acceptable for CAM and CM academic to avoid misleading. It is needed to integrate CAM and CM medicine academic (Boon et al., 2008; Kemper et al., 2007; Sawni et al., 2007) for success in medical professional. Beside that, patient request to integrate

CAM in primary health care because they believed that integrative medicine can provide high quality medicine treatment with safety, efficacy, and effectiveness (Witt, 2008). Patient must clearly understanding that the main responsibility for health is the patient himself and not physician (Weil, 2004). Health and healing concept in integrative medicine can improve patient self care, self efficacy as well as improve the relationship between patient and physician. It is hopes that physician not just provide

medical treatment at the same time also as an admirer to patient health care.

c. Weakness of integrative medicine

There are again five parties in regards to the weakness of integrative medicine, namely medical academic, medical providers, patient, and public as shown in table 3

Table 3: weakness of integration medicine

Medical providers	Medical academic	Patient	Public
<ul style="list-style-type: none"> - Increase profit by conventional physician (Ruggie et al., 2005; Parusnikova, 2002) - Salary decrease (Ruggie et al., 2005) - Communication gaps (Parusnikova, 2002; Frenkel et al., 2008) - Misunderstanding (Maizes et al., 2002) - Liability risk (Cohen et al., 2002; Frenkel et al., 2008) - Malpractice (Schouten et al., 2005; Frenkel et al., 2008; Ruggie et al., 2005; Cohen et al., 2002) - Misunderstanding, misdiagnosis, and misrepresentation (Schouten et al., 2005; Frenkel et al., 2008; Ruggie et al., 2005; Maizes et al., 2002; Coulter et al., 2005) - More to holistic base (Parusnikova, 2002; King, 2005) 	<ul style="list-style-type: none"> - Lack of evidence and hard to interpret (Witt, 2008; Rees et al., 2001; Horrigan et al., 2008; Linde, 2008) - Limited education resource (Maizes et al., 2002; Frenkel et al., 2008) - Hard to study (Maizes et al., 2002) - Unsystemitical (Maizes et al., 2002) - Lack of standard. (Ruggie et al., 2005; Cohen et al., 2002) - Dereliction of medical theory (Parusnikova, 2002; Dobos, 2008; Schouten et al., 2005) 	<ul style="list-style-type: none"> - Legal issues (Frenkel et al., 2008). - More technical than whole person medical (Rees et al., 2001; Cohen et al., 2002) 	<ul style="list-style-type: none"> - Control by politic policy (Ruggie et al., 2005) - No reliable data (Frenkel et al., 2008) - Ineffective medical cost (Frenkel et al., 2008; Ruggie et al., 2005) - Technology depending (King, 2005)

Integration medicine academic still needs some improvements due to the difficulties in studying integrative medicine in term of cost, time consuming and methodology challenging (Maizes et al., 2002). For instance, more time and money need to setup integrative medicine education in building a faculty and facilities (Maizes et al., 2002; Frenkel et al., 2008). From the studies showed by (Witt, 2008; Rees et al., 2001; Horrigan et al., 2008; Linde, 2008), there is no strong evidence in integrative medicine education regarded evidence base medicine.

Besides, malpractice is the main issues, malpractice or mix standard is regards to the legal issues and the confusing in medical standard in integrative medicine (Schouten et al., 2005; Frenkel et al., 2008; Ruggie et al., 2005; Cohen et al., 2002). The legal issues of integrative medicine is suspected, some therapies such as relaxation therapies conduct by nurse, medical doctor without specific licensing (Ruggie et al., 2005). Moreover, there are misunderstanding, misdiagnosis, and misrepresentation cause the duty of failure of treatment due to various confusing medical knowledge belief and theories (Schouten et al., 2005; Frenkel et al., 2008; Ruggie et al., 2005; Maizes et al., 2002). There were less developments of own standard in integrative medicine. It is become most of the integrative medicine is combined more than one type of medical standard. However, integrative medicine will cause the dereliction of medical theory and

history due to some of the usable theories are not being selected in integrative medicine (Parusnikova, 2002; Schouten et al., 2005). Lastly, the integrative medicine system is still depending to the technology in health and healing that is no different between conventional medicines that also depend to technology. For example the integrative medicine hospital in La Jolla Canada using “high tech and high touch” they are using the technology to balance and enhancing the individual ability to heal, the process done by holistic nurse that calls healing touch practitioner not the CAM physician (King, 2005).

The negative thinking by a conventional medicine physician with integrative medicine concept that adding CAM treatment is for an increase their income/profit (Parusnikova, 2002) this is because the cheaper medical cost and high demand by patients in integrative medicine compare to the conventional medicine. The concept of profit also the cause of the malpractice issues which is the medical service that provides is below standard. However, Ruggie et al., (2005) does not agree on this, the opposite result shows that a physician’s income/ salary is reduced in an integrative medicine clinic due to the fixed salary for every type of treatment especially even some of therapies that can make more money if given by physician personally. Moreover, Frenkel et al., 2008 founded that there was a communication gap between CAM and conventional medicine providers. The communication gap is caused by the different believe,

concept, and background of CM and CAM physicians with the misunderstanding issues. Lastly, patient is fear for the legal issues in integrative medicine (Frenkel et al., 2008) due to the many reasons about the standard of integrative medicine physician and physician experience and background in practicing the integrative medicine.

V. DISCUSSION

In general, integrative medicine is a new concept of medical in new millennium (Weil, 2004; Rees et al., 2001). This philosophy of integrative medicine was developed by Dr. Weil in 20th century, the idea started with health and healing concept (Rees et al., 2001; Horrigan et al., 2008; Weil, 2004). The natural of CAM can improve the limitation of conventional medicine beside that, the systematic and the standard of conventional medicine can improve the limitation in CAM through the integrative concept.

However, the past research showed a minimum weakness of integrative medicine to patient by integrating CAM into conventional medicine or primary care (Witt, 2008; Frenkel et al., 2008.; Maizes et al., 2002; Heinen et al., 2008). Patient believed integrative medicine can provide high quality medicine that ensure safety, efficacy, and effectiveness as well as improves relationship between patient and physician. However, the research data alone from western countries cannot fully represent the world wide medicine system. It is because most of the developing countries are depending mainly on Traditional/ Complementary Medicine for their primary healthcare (WHO, 2003). Boon et al (2008) presented a successful in integrative medicine between 2 clinics; however, there are no reliable data on the number of these clinics in United State (US) (Frenkel et al., 2008).

However, convention medicine's physician view negatively CAM as "cash cow" (Ruggie et al., 2005) which are the cheapest medical cost and the most attractive treatment idea by combined CAM and CM therapeutic those attracting clients or patient in an integrative medicine as chances to earn more profit. Previously conventional physician can't accept CAM due to lack of scientific proof. Kemper et al (2007) remarks that there was a problematic for this definition as therapies; previously CAM was not apart of conventional medicine but now can adapt into conventional medicine setting such as teaching in the hospital. For instance, this integrative medicine idea can easily misused by the humiliation physician to make a profit without concerning the negative effect of the combination therapeutic. In summary, the major drawback conventional physician adopted integrative medicine because of the hospital financial problem and they want more profit as well as they scared of the changing of market demand for CAM.

The evidence base medicine is still very much lacking. Further more, it is not easy to interpret the CAM finding especially in the part of integrative medicine. More instant research is needed to prove the CAM evidence findings. Such limitation will affect the success of the integrative medicine practice (Witt, 2008; Rees et al., 2001; Horrigan et al., 2008; Linde, 2008). Integrative medicine helps to ensure the acceptable CAM and conventional medicine academic accuracy and also avoids any misleading (Association of Professional of Medicine, 2000; Maizes et al., 2002; Ruggie et al., 2005; Boon et al., 2008; Kemper et al., 2007). Sawni et al (2007) founded that there is no consistent or formal education and training in CAM event those in US medical school due to there was diversity in the content, format and requirement among the course in CAM. However, there was a gap in communication and need for additional education to make integrative health successful (Kemper et al., 2007). Moreover, previous research agreed that studying patterns are difficult to find, explanatory power is limited, and theoretical explanations are particularly lacking in integrative medicine (Astin, 1998; Botting et al., 2000; Hirschhorn et al., 2005). Further more, the study about integrative medicine is costly, time consuming and methodology challenging (Maizes et al., 2002) especially for medical student. The medical student takes up much time to study and learn multiple medical concepts, theories, and it becomes a challenge to a medical student for selecting the suitable methodology in treating diseases. Student will also confuse with the methodology challenging instance, the time consuming will sure increase the cost of medical study.

There are some challenges to integrate CAM with conventional medicine because of the physician attitude, professional historical, which referral pattern of treatment will follow. For instance, the standard or pattern of integrative medicine treatment can be the base on professional or personal or relationship in economic competition, due to the lack of clearly agreed on which principle as a base of the integration (Coulter et al 2005). There are too many patterns, principles, historical, cultural, and philosophy in an integrative medicine practice this will cause the disregard of medical theory and make confusion to physicians while in providing medical treatment. However, the duty of misdiagnosis, failure to treat, fraud and misrepresentation the knowledge of belief and insufficient (Schouten et al., 2005) become issues in integrative medicine. Let's take the WHO's (2004) report, describes the term "heart" in traditional chinese medicine does not only mean the physical organ "heart" but also includes some function of conventional medicine that would attribute to the "brain". Different culture has different explanation of the word and different understanding. To avoid these misunderstanding, misrepresentation and misleading,

difficulties and obstacles should be a look on good removed to make integrative medicine successful.

IV. CONCLUSION

Integrative medicine concept plays an important role to overcome the conventional medicine. Nevertheless, its strengths and limitation still reveal its challenges that need to be faced. Its impact that brought to individual and national as a whole is still remaining un-measurable.

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