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# Paths of Researchers and Practitioners of 'Alternative' Therapies Divided

**Researchers note that any procedure or modality not backed by scientific research should be used sparingly and with caution**

**By Bernard J. Colan**

**Y**esterday, a pioneer's job description included marking off boundaries so that those who followed did not fall off some unmapped precipice or were lured into some circuitous jungle where they could become lost. Today, most pioneers labor in the wilderness of research laboratories, but they have to be mindful of the same dangers, according to Susan R. Harris, PhD, PT.

Dr. Harris is currently a professor in the School of Rehabilitation Sciences at the University of British Columbia. There, she uses her 20 years as a researcher to teach physiotherapy's methodology to both undergraduate and graduate students, exhorting them to make sure that a strong theoretical underpinning with anatomical and physiological evidence supports the treatments they offer to their patients.

Over the past decade, if there has been any common chorus from leaders in physical therapy it has been a call for more research. Physical therapy has broadened considerably over the years from the manual skills and simple modalities first practiced by PTs. Applications that wander into the territory marked "alternative" therapies are what Dr. Harris said concerns her most.

However efficacious their testimonials, alternative a-

pproaches should be scientifically investigated before they are applied to patients, she said. While the ultimate decision for treatment belongs to the client, to help the client make an informed decision, physical therapists should be an evidence-based practitioner who can be a good critical consumer, examiner and interpreter of applicable research.

#### **Peer Review**

She carefully emphasized that "research" in this case is that which is

approved for publication in peer-reviewed scholarly journals, and not in lay magazines, where most of the articles on alternative therapies may be seen. The educator maintained that she tries to keep an open mind by attending continuing education seminars on alternative therapy, but mused that there often appears to be "...an inverse relationship between the popularity of a continuing education course and the science that underlies [the procedure being taught]."

She noted that some medical conditions can put a client into straits desperate enough to leap at any hope, so all health professionals should be careful that the advice they dispense will not hurt their clients; and without proper research, there is no way of knowing this.

She offered herself as an example, noting that when being treated for breast cancer she was not lured to sharks' cartilage or laetrile, but she did follow the advice of "some scientific friends" to take anti-oxidant vitamins A, C and E, "which in a controlled study were later shown to increase death in people with lung cancer, so I stopped taking them," she recalled.

Dr. Harris does see the promise of alternative therapies. But while she is care-

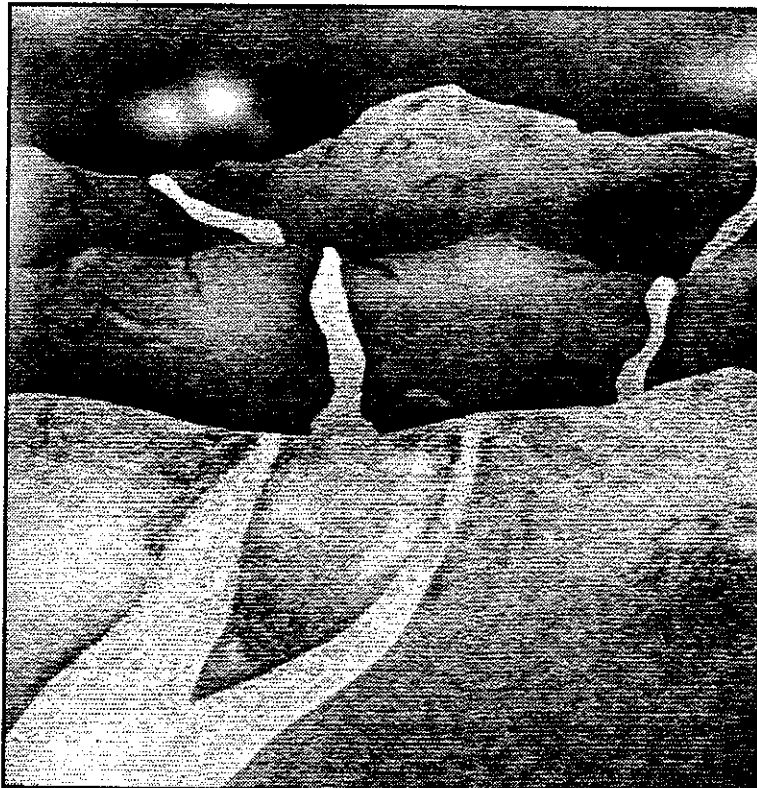


ILLUSTRATION BY TRICIA SUTTON-MAZZEO

ful to endorse the investigation of alternative or complementary therapies. She takes pains to distinguish that from promoting alternative or complementary therapy or any path that is not paved with strong theory joined by physiological evidence underlying the treatment.

"For more than 25 years, I've worked with children with developmental disabilities whose families were exposed to a whole host of alternative therapies with no theoretical or empirical support, and I'm tired of hearing excuses about why [these alternative therapies] can't be researched and studied, and that testimonials should be enough to accept them," she said.

"At the very least, there should be some empirical database that shows that their treatment is effective, because some of those [alternative treatments] are quite dangerous. There's a treatment for Down syndrome where they inject fetal lamb brain cells intramuscularly. There is a risk of death with this procedure, so I am very vociferous about warning parents about such treatments."

#### Exceptions

There are exceptions to her rules, however. For example, while acupuncture is considered, at least by Western medicine, as an alternative medical approach, Dr. Harris indicated that she supported its use for some conditions, such as pain relief, because its use has been documented for more than two millennia, and it has been supported by rigorous peer-reviewed studies by Eastern and Western scientists. But in its Consensus Development Statement on Acupuncture (revised Nov. 5, 1997), the National Institutes of Health noted that the "scientific basis of some of the key traditional Eastern medical concepts, such as the circulation of Qi, the meridian system and the five phases theory...are difficult to reconcile with contemporary biomedical information," an observation that could raise doubt about the strength of the theoretical underpinning of acupuncture, at least in terms of Western science.

In regard to the use of alternative approaches in physical therapy, Dr. Harris emphasized that she feels that some physical therapy colleagues are proposing a dangerous and unethical suggestion when they recommend alternative therapy if, in fact, it excludes more traditional treatment.

But she, and other practicing PTs, often refer to "alternative" therapy as synonymous to "complementary" therapy, the latter term suggesting that it is an adjunct to more conventional techniques. When asked to differentiate, Dr. Harris listed Myofascial Release and CranioSacral

Therapy as examples of alternative techniques that should be subjected to tighter scientific scrutiny before they are practiced in the clinic.

#### MR as Adjunct

Myofascial Release was developed by John Barnes, PT, who told *ADVANCE* that "we are not saying 'don't use traditional therapy.' We are saying that using Myofascial Release with modalities and exercise enhances traditional therapy."

Barnes, who is the founder and president of Myofascial Release Treatment Centers and Seminars headquartered in Paoli, PA, suggested that many of the techniques practiced in PT clinics have been accused of lacking adequate research, but insisted that it is most important that PTs ensure that first they are doing no harm to their clients.

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He recalled how conventional physical therapy techniques, which he had been practicing for years, failed to relieve the his own pain caused by a back condition before he embarked on self-experimentation that resolved his symptoms. After years of perfecting his techniques, he said he encourages research on Myofascial Release and has even considered subsidizing it. He was advised, however, that paying for research on his own product would impugn the findings of that research.

Barnes indicated that he has taught more than 30,000 therapists his techniques and receives constant feedback about their results. Although he endorses outcome studies he admitted that he has kept no formal track of his students' outcomes.

Barnes did state that a study that appeared in the April 1996 issue of *Muscle & Nerve* by William T. Stauber, PhD, et al, confirmed one aspect of basic science behind Myofascial Release, which is that tissue that undergoes change through trauma may not be observable by conventional techniques.

#### Risk/Benefit Ratio

CranioSacral Therapy, another technique Dr. Harris labeled as "alternative," was developed by John E. Upledger, DO, OMM, who also founded, in 1985, the Upledger Institute in Palm Beach Gardens, FL, which conducts more than 400 workshops each year "teaching non-invasive therapies," according to institute literature.

Dr. Upledger has maintained that CranioSacral is a complementary therapy that was never intended to be an "alternative" to any other treatment. In a telephone interview with *ADVANCE*, he stated that his credentials in research include five years of reviewing about 100 research proposals a year for the American Osteopathic Association and eight and a half years as a clinical researcher at Michigan State University, "So I understand about protocol and experimental design, and I know about the failings of research."

He has compiled a list of research that, he said, supports his theories on the system he developed (see end of article for further information). But while some researchers have endorsed this research as basic proof of CranioSacral Therapy, others dismiss either the methodology or conclusions, challenges that all research must face.

"I also hear people all the time saying, 'Don't use it until you understand it,' so I say OK, then let's stop using gravity, because we don't understand what that is, either. What I look for is the risk/benefit ratio, and in CranioSacral Therapy there is practically no risk and great potential benefit. For example, in a patient survey from people who were treated at our clinic between Jan. 1 and Sept. 30 of 1997, 95 percent of respondents reported that they were clinically satisfied with our treatment...It's not a scientific protocol; but when you look at the results you can't help but be impressed."

Dr. Harris maintained that physical therapists must become discerning consumers of information. Due to the quality or the lack of scientific findings to support many aspects of physical therapy, Dr. Harris, among other researchers, have called for more PTs to become more actively involved with scientific investigation to confirm the efficacy of their traditional, alternative or complementary clinical treatments. ■

• A monograph, including the list of references can be accessed at <http://upledger.com>.

Bernard J. Colan is on staff at *ADVANCE*.