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

Yesterday, 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 approaches 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-
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 dis-
abilities 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 testimo-
nials 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, how-
ever. 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 document-
ed 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 “scien-
tific 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 the-
oretical 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 alter-
native therapy if, in fact, it excludes more
traditional treatment.

But she, and other practicing PTs, often
refer to “alternative” therapy as synony-
mous 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 tech-
niques that should be subjected to tighter
scientific scrutiny before they are prac-
ticed 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 tradition-
al therapy.’ We are saying that us-
ing Myofascial Release with modalities
and exercise enhances traditional ther-
apy.”

Barnes, who is the founder and presi-
dent 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-experimen-
tation that resolved his symptoms. After
years of perfecting his techniques, he said
he encourages research on Myofascial
Release and has even considered sub-
sidizing 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 tech-
niques and receives constant feedback
about their results. Although he endorses
outcome studies he admitted that he has
kept no formal track of his students’ out-
comes.

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
the tissue that undergoes change through
trauma may not be observable by conven-
tional techniques.

Risk/Benefit Ratio

CranioSacral Therapy, another tech-
nique 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 “alterna-
tive” to any other treatment. In a tele-
phone interview with ADVANCE, he stat-
ed 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 under-
stand about protocol and experimental
design, and I know about the failings of
research.”

He has compiled a list of research that,
his says, supports his theories on the sys-
tem 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/ben-
efit 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 respond-
ents 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 con-
sumers of information. Due to the quality
or the lack of scientific findings to sup-
port many aspects of physical therapy, Dr.
Harris, among other researchers, have
called for more PTs to become more
actively involved with scientific investi-
gation to confirm the efficacy of their tra-
ditional, alternative or complementary
clinical treatments.