Complementary Therapies in Neurology: An Evidence-Based Approach

By Barry S. Oken
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Reviewed by Michael Greenwood, MB (MD)

In Complementary Therapies in Neurology, editor/author Barry Oken has taken on the daunting task of providing a comprehensive review of the current evidence base for the vast and expanding field of complementary and alternative medicine (CAM).

The book is divided into 2 sections. In the first, CAM is defined and various CAM therapies described, ranging from near conventional like chiropractic and naturopathy, to the more esoteric such as Chinese Medicine, Ayurveda, meditation, and religious approaches. The section finishes with a chapter on the placebo effect, which explores the various factors that confound controlled trials of CAM, grouping them under the broad rubric of “expectancy.” The second section discusses the evidence for and against the use of CAM interventions for specific conditions ranging from the commonplace like back pain and depression, to the more catastrophic like multiple sclerosis and amyotrophic lateral sclerosis. A final chapter on psychiatric conditions ends with a discussion of placebo’s shadow, the nocebo effect.

Although readers will certainly find Complementary Therapies in Neurology packed with data, in a book about evidence, I think one is entitled to ask just what kind of evidence it might be, and further, whether that evidence is relevant to CAM. Because, like it or not, many interactional CAM therapies transcend the reductionist framework of scientific medicine, and it just is not possible to subject them to an objective research agenda and prove anything beyond researcher bias.

The answer is that the book sticks very much to controlled randomized trials, and deals with the philosophical conundrum posed by interactional CAM largely by avoidance. For example, while several authors admit randomized trials are not really possible to do without compromising the therapy in question, nobody actually questions the current vogue that demands CAM conform to a mode of enquiry suited only for drugs. Secondly, in a chapter on the placebo effect, there is no acknowledgement that much of CAM involves embracing the placebo effect and making it conscious, not ruling it out. Finally, in various places including discussions on epilepsy, cerebral palsy, and nocebo effects, phenomena that are clearly energetic shifts in process are interpreted as negative effects rather than being framed simply as subjective experiences, which they probably would be in many CAM contexts. In a book about CAM, these issues cannot be ignored, or else one is not really talking about CAM at all.

The result is that despite its promising potential, the book somehow misses the mark. That’s not to say that trials on St. John’s Wort for depression are not interesting, but in my view, such studies are not so much about CAM as they are about trying to pretend that CAM can be squeezed into the reductionist perspective.

To be fair, the book does not claim to be anything more than an overview of the current objective evidence base and indeed, what it does purport to do, it does admirably. It catalogues many current studi-