WHY DO PATIENTS SEEK THERAPIES BASED ON COMPLEMENTARY MEDICINE?*

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INTRODUCTION

In the last decade, public and professional interest in the field of complementary medicine (CAM) has increased considerably.[1] In Europe, studies suggest that between one-third and one-half of the population have used CAM at some time.[2] In the US, the expenditure on unconventional therapies was higher (13·7 billion dollars) than that spent on all conventional hospital treatment (12·8 billion dollars).[3] It seems that a large sector of the population is prepared to take CAM seriously as a means of staying healthy *or* recovering from illness. In the UK, some of the more established forms of therapy such as homeopathy, osteopathy, acupuncture and herbalism are available on the NHS. In 1985, Fulder and Munro found that complementary consultations in 1981 accounted for 6·5% of primary care consultations.[4] This figure has probably gone up further because of the rapid increase in popularity of CAM over the last two decades.

Given the long history of some of the complementary therapies (acupuncture has been known for 2,000 years and herbalism for over 5,000) and the achievements of orthodox medicine (OM), one would have expected the 'older' therapies to become obsolete. The lack of evidence-based information on principles similar to those applicable to OM would prompt an expectation of a slow but inevitable demise of CAM. However, the opposite appears to be true.

The Royal London Homeopathic Hospital NHS Trust (RLHH) provides specialist homeopathy and other complementary medical services within the NHS.[5] In a typical month there are approximately 1,500–2,000 follow-up out-patient attendances. The out-patients' clinics are organised by clinical specialities. Within each homeopathic clinic, patients are further classified according to the nature of their problem, although there are no strict boundaries between units as many patients present with more than one complaint or develop new problems in the course of their contact with the hospital.

Derived from the Greek word 'ομοιος', meaning 'like', homeopathy is based on two principles, 'similarity' and 'potentization'.[6] The principles underpinning the treatment are:

1. the remedies used to treat an illness, when given to a healthy individual, would produce symptoms similar to those displayed by the person who is ill;
2. symptoms are seen as a body's reaction against the illness.

The basic tenet is to stimulate the body's natural forces of recovery through the therapy administered to the patient. Samuel Hahnemann (1775–1853), a German physician, first introduced this form of treatment. He believed in the body's own capacity to heal itself and that this can be assisted with a gentle and natural stimulant. Prescribing is based on studying the whole person rather than just the symptoms. Although this principle of similarity is not outwith the boundaries of orthodox medical beliefs, the second principle of potentization still cannot be explained within the current chemical and biochemical scientific framework. Homeopathic remedies are prepared through potentization. A mother tincture is serially diluted in water until virtually no molecules of the original substance are left. In between dilutions, each solution is vigorously shaken, this being said to cause molecules to leave their imprint.

In this empirical study the scope is not one of assessing the efficacy of homeopathy. Instead, the possible reasons which have made a significant number of patients seek this form of treatment are investigated. A small questionnaire was used to assess patients' medical backgrounds and their views of orthodox and complementary medicine. The small size of our sample (n = 33) limits the significance of current findings. These have therefore been compared with results obtained in a number of more extensive literature studies and draw some tentative conclusions on a comparative basis.

BACKGROUND

The reasons behind the increased popularity of CAM are not obvious. Health professionals offer a number of suggestions:

1. the failure of OM to cater for some chronic illnesses;[7]
2. the pervasive nature of some health beliefs, such as holistic treatment, etc.;[8]
3. the view of health as a product – patients behave like consumers and tend to 'shop around' for their treatment;[9]
4. the British Medical Association has claimed,[10] in an

* Based on information collected during an elective study at the Royal London Homeopathic Hospital running from 2 October 2000 to 3 November 2000.

earlier report, that the discontent responsible for the increased popularity of CAM can be attributed to the very 'success' of OM in raising patients' expectations; the argument is that OM has revolutionised health care during the past few decades and its very success has lead to the unreasonably high expectation of total eradication of suffering.

A number of studies have tried to test these hypotheses. Patients using CAM are indeed dissatisfied with OM.[1] On the whole, they tend to be more educated and belong to higher income groups.[1, 11] Complementary medicine is also mainly used for chronic conditions and often as an adjunct/supplement to conventional treatment rather then as an alternative/substitute.[12] There is some evidence that this trend is changing. Fulder and Munro[4] dispelled the myth that the patients seeking complementary therapies:

– are unable to understand the medical possibilities;
– are unable to make discriminating choices;
– have any specific personality profile or are psychologically more unstable than those who chose to be treated by their family practitioner.

No unusual views or a 'flight from science' have been identified. The most significant finding was that people who chose CM were more sceptical about OM and suffered from long-term illnesses that had not been treated to their satisfaction.[7, 11]

The availability of a wider choice of practitioners encourages patients to shop around.[9] Nevertheless, CAM patients never totally abandon OM. They tend to alternate between the two, depending on the nature of their medical problems and their perception of the treatment best suited to them.

A series of studies by Furnham *et al*.[6, 13] used detailed questionnaires to identify differences between patients availing themselves of OM and the most established complementary specialities (acupuncture, homeopathy, osteopathy).[14] The CAM patients were much more critical and sceptical about the efficacy of OM treatments, tended to have higher psychiatric morbidity, had a higher self-awareness and more ecologically friendly lifestyles.

Nevertheless, the group is far from homogeneous. Factor analysis of questionnaire results identified some 'push' and 'pull' away factors. 'Pull' factors are that CAM is more 'natural', relaxing, sensible and patient-inclusive. Public perception is not affected by the scientific validity of these attributes. Obviously, the forces that attract people to complementary therapies go beyond discontent with OM. There are suggestions that a mythology about the image of nature and health that surrounds these therapies is one of the main reasons why patients are attracted to it. 'Push' factors, however, include failed treatments, side-effects or poor communication with their GP.

These studies seem to support the view that there is no prototype CAM patient. People are motivated by the urge to improve their quality of life, and they will make a pragmatic choice based on available data and the specific occasion (e.g. illness, severity etc.).[6]

PROTOCOL

1. Objectives

The aim of the project is to try and identify some of the main reasons why patients seek CAM therapies. To overcome some of the limitations imposed by the small sample available, the results obtained are discussed in conjunction with other literature studies and other data already available in the RLHH.[5]

2. Methodology

A literature review was carried out to provide guidance in a short questionnaire design. Three questionnaires were piloted in the RLHH out-patient homeopathic clinic on 16 October 2000. The time required for completion was noted, and the patients were approached at the end and asked if they faced any difficulties while completing the questionnaire.

The questionnaire was based on a mixture of open and closed questions. A covering letter was enclosed explaining the details of the study. The questionnaire was handed out by the receptionist prior to consultations and handed in by the patient upon leaving the hospital. Out-patient department follow-up patients attending homeopathic morning clinics on 17 October were also asked to fill in a questionnaire; only follow-up patients were included. All the homeopathic clinics during that morning were included, with exception of the children's clinic. There were eight clinics altogether: four for women, one for rheumatoid arthritis, one for cancer and two skin clinics. The questionnaire contained questions about:

- demographic details: sex and age;
- method of referral;
- main medical problem;
- duration of treatment by conventional therapy;
- satisfaction obtained from conventional therapy, complications thereof and current regimen;
- duration of homeopathic treatment;
- faith in homeopathy as an effective treatment;
- statements concerning the general beliefs of patients.

3. Subjects

Thirty-nine questionnaires were handed out. Of these, 34 were returned, of which 33 were valid for analysis.

4. Sample size

The size of the sample is very small and the findings therefrom were validated by comparison to a similar study carried out in the RLHH. The group of patients in this sample is therefore not representative of the general population, but can be considered as the population in the RLHH.

5. Analysis

The data was entered into Excel 97 and processed to give percentages. A more complicated statistical analysis would be meaningless due to the size of the sample.

RESULTS & DISCUSSION

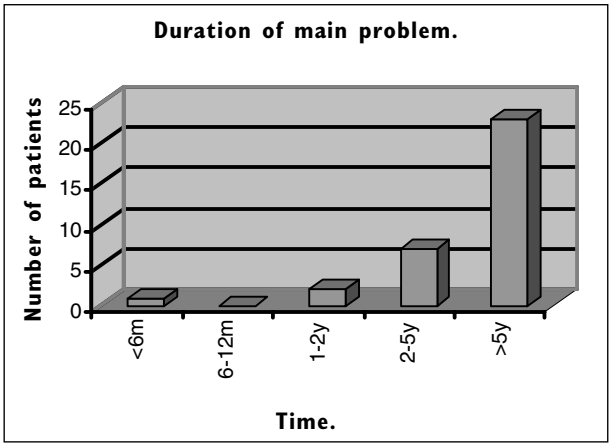
The baseline characteristics of the sample are shown in Table 1. Men are under-represented (9%), but this is a common finding within this clinical setting. In addition, on the morning of the data collection, four out of eight clinics being run in the day were for women. There is a fairly even distribution over the age range with the exception of the 45–54 band (Graph 1). The majority (70%) of the patients returning the questionnaire had been suffering for more than five years. Their current treatment at RLHH seems also to be long-term since two-thirds (60%) had been receiving treatment for more than a year (Graph 2).

Table 2 classifies the problems mentioned by patients (Appendix 1) in useful categories. The long-term nature of these conditions is immediately apparent.

TABLE 1
Baseline characteristics of project participants.

Sex (n = 33)		
Female	30	(91%)
Male	3	(9%)
Age range (n = 33)		
18–24	3	(9%)
25–34	5	(15%)
35–44	5	(15%)
45–54	13	(39%)
55–64	3	(9%)
65 years & over	4	(12%)
Duration of main problem (n = 33)		
Less than six months	1	(3%)
Six months to two years	2	(6%)
Two to five years	7	(21%)
Over five years	23	(70%)
Duration of homeopathy use (n = 33)		
Less than six months	4	(12%)
Six months to 12 months	9	(27%)
One to three years	6	(18%)
Over three years	14	(42%)

GRAPH 1



GRAPH 2

Basic profile questions confirmed that there was high awareness amongst these patients about the existence of CAM (83% knew about it), and that the majority of them had had some acquaintance or relative who had been treated successfully.

In accordance with literature,[15] most of our participants had their current problem treated by their GP or specialist (76%) at some point, but only 33% were on conventional medication during their homeopathic treatment (Table 3). Perhaps surprisingly, the effectiveness of the conventional treatment does not reflect on their satisfaction level. Although 66% experienced 'very' or 'moderately' effective treatment, only 39% were satisfied by the overall experience. The explanation for this observation is not entirely clear and can be very subjective. For some patients the improvement of their condition was not enough, and for others this improvement was accompanied by side-effects or unacceptable risks (Appendix 1). Complications or side-effects due to conventional treatment were present in 32% of the cases (Table 3). Finally, an overwhelming 91% of the patients were referred after requesting it from

TABLE 2
Diseases.

System	Specific examples reported
Musculo-skeletal system	Rheumatoid arthritis, arthritis, spondylitis, other joint problems
Neurology	Migraine, headaches
Genito-urinary system	Menopause, premenstrual tension
Dermatology	Eczema, skin (not specified), acne
Miscellaneous	Cancer, chronic fatigue syndrome, digestion and gastric problems

TABLE 3
Patients' experience.

Current problem treated by GP/specialist (n = 33)		
Yes	25	(76%)
No	8	(24%)
Current use of conventional medication (n = 33)		
Yes	11	(33%)
No	17	(51%)
No opinion	5	(15%)
Effectiveness of treatment (n = 24)		
Very effective	4	(16%)
Moderately effective	12	(50%)
Not effective	8	(33%)
Degree of satisfaction by conventional orthodox treatment (n = 26)		
Very dissatisfied	6	(23%)
Dissatisfied	10	(38%)
Satisfied	8	(31%)
Very satisfied	2	(8%)
Complication during conventional treatment (n = 25)		
Yes	8	(32%)
No	17	(68%)
Method of referral (n = 33)		
GP/specialist suggested it	3	(9%)
Patient asked for it	30	(91%)

their doctors. This final result is more pronounced than what was found in larger studies,[5] where doctors were found to suggest the referral in a substantial 21% of the cases.

It is of interest that most patients would continue their treatment even if it were not available on the NHS (Table 4). The main explanation for this is that 'it is effective' or 'it works' (Appendix 1). Negative responses mainly reflected a patient's inability to afford the treatment fee (Appendix 1). The fact that 94% said that they would continue treatment reveals a high degree of satisfaction.

These data are again in agreement with larger surveys in the RLHH[5] that report similar levels of patient satisfaction and condition improvement.

Graph 3 summarises the data from the final section of our questionnaire (questions 17–30):

- statements with significant consensus (17, 21, 22, 30)
- statements with no significant consensus (18, 19, 20, 23, 24, 25, 26, 27, 28, 29).

Table 5 and Graph 3 summarise the results from questions aimed at identifying statements of high

TABLE 4
Relationship with homeopathy.

Would you consider homeopathy if NOT available on NHS (n = 31)?		
Yes	26	(79%)
No	6	(18%)
No opinion	1	(3%)
Do you intend to continue using of homeopathy (n = 33)?		
Yes	31	(94%)
No	1	(3%)
No opinion	1	(3%)

agreement or disagreement amongst study participants. Items with a score of 2 or lower demonstrate agreement and those with a score more than 4 demonstrate disagreement. For items with scores between 2–4 there was no agreement between participants and, therefore, we can assume that there was no prevalent view concerning these issues.

The first four statements in Table 5 achieved the highest degree of agreement. Patients want to be treated as 'a person with a problem' as opposed to just another cancer or arthritis patient. They believe in a relationship between their physical and mental health, and want to play an active role in their treatment.

Significantly, patients believed that conventional therapies were not effective in their case (No. 17). Disappointment with the overall treatment (No. 26) *and* complications/ side-effects (No. 27) were part of the problem. A significant number of patients (33%) agreed with *both* these statements, whereas an additional 45% agreed with neither one of them. Communication problems with the GP/specialist (No. 28) are important but not significant as a 'push' factor (17/33, 50%), and desperation was a reason for only 30% of the patients (13/33). However, it is difficult to assign importance to these findings because of their subjectivity. Patients do not agree in their views of OM, and this is in accordance with findings that patients of complementary practitioners are NOT a homogeneous group with certain beliefs or a 'flight from science' attitude.[11]

After the analysis of our sample we identified a number of improvements that we could incorporate into a future version of our questionnaire:

- a more extensive range of answers for our closed questions;
- validation of our statistical analysis by trying to incorporate statements that would achieve 'agreement' and 'disagreement' – question reversal;
- more extensive piloting;
- attempting to obtain data from first time referrals or people who miss appointments;
- identifying and analysing non-responders;
- filling in a number of questionnaires through an interview procedure, which would allow a more in-depth discussion of certain issues.

CONCLUSIONS

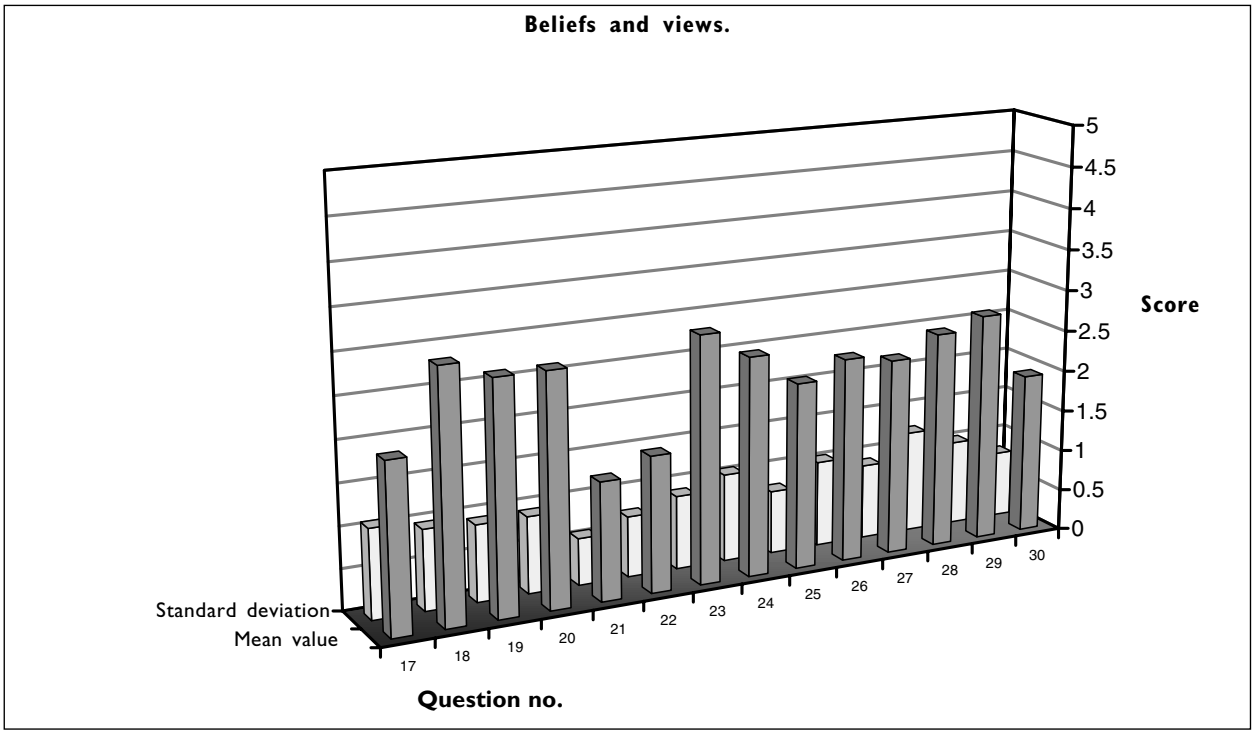
Our questionnaire confirmed two important findings previously identified in the literature.

1. Patients have chosen CAM because their treatment and its results within the orthodox system were not up to their expectations. These people were challenged by chronic diseases that affected their everyday life (moderately or extremely affected, >90%) and had to make some difficult choices. Even when a moderate level of effectiveness was achieved with OM, this was not satisfactory, or was accompanied by side-effects.

Cancer patients represent a special case. Many of them used both CAM and OM at the same time. The explanation for this behaviour was that they were trying to alleviate the side-effects of chemotherapy or deal with pain.

2. The patients in RLHH do not have certain or homogenous views about OM. No strong negative views were identified about OM, except for a cynicism about some drug treatments. A significant number believed in the effectiveness of both systems when certain conditions are met.[6, 11]

When patients were given the opportunity to express their own views, they justified their choices in a variety of ways. Some were sceptical about conventional drug treatment, but most of them expressed a balanced attitude. They appreciated the value of OM, but in their specific case it did not work. They believed they had the right to make an alternative choice. The existing doctor/ patient relationship seems to come under some criticism by some participants, but in the end it did not emerge as a major 'push' factor. Most people seem to blame the system (limited time with their GP, waiting lists, pressure



GRAPH 3

TABLE 5
Views and beliefs – attitudinal items.

Question		Score	S. Dev
21	I believe in treating the whole person rather than just symptoms	1·42	0·56
22	I believe in the importance of a healthy mind in a healthy body	1·63	0·73
30	Because I want to play a more active part in my treatment	1·93	0·79
17	Conventional medicine was not effective for my particular problem	2·03	1·07
25	I was curious to see what homeopathy can do for me	2·24	0·76
27	I experienced side-effects/complications during conventional treatment	2·36	0·90
26	I was disappointed by the quality of treatment received by conventional medicine	2·45	1·03
28	My GP had less time to listen	2·60	1·23
24	This treatment was recommended to me by a friend/relative	2·63	1·05
29	I was desperate and I would have tried anything	2·75	1·02
19	The side-effects of the medication were affecting my everyday life	2·78	0·92
20	Conventional medical treatment(s) often made me feel worse rather than better	2·78	0·92
23	I simply wanted to try something different	2·96	0·88
18	Conventional medicine is effective in increasing and maintaining a high standard of health among the general population	2·78	0·92

from pharmaceutical companies) or non-personal, symptom-specific drug therapies.

Complementary medicine practitioners traditionally dedicate more time to consultation. They usually develop a personal relationship with the patient and strive to achieve an effective two-way communication. As a result, the satisfaction level of CAM patients in the RLHH is impressive, even taking into account the fact that we sampled follow-up patients. A professional extensive survey in the RLHH confirms this high degree of satisfaction.[5]

Our results seem to agree to a large extent with the following studies:

- Moore *et al*. (1985, 56 patients)[7] in the centre for CAM in Southampton. Almost always, the principal reason for using CAM was the failure of OM to help the patient's particular problem/s. The majority of

APPENDIX 1

Patients' attitudes towards homeopathy and their comments about their treatment.

PROBLEMS	COMPLICATIONS	ATTITUDE TO HOMEOPATHY	PATIENT COMMENT
Migraine	–	Cannot afford.	–
Chronic back problem Sciatical spondylitis (four years)	Gastric problem with anti-inflammatory drugs	May cost too much. Takes time to see effect.	So far can see no effectiveness. I still have flare-ups of inflammation; but I feel as a whole a lot better as a person.
Rheumatoid arthritis	No	Can afford private consultations. Patient believes homeopathy has helped her maintain reasonable	Helps body deal with the conventional drugs I am taking. I need drug therapy but homeopathy helps me to cope with the physical and emotional effects of illness and conventional medicine. I want to 'cure' health. Medicine safe – not myself with medicines which are in nature, not chemicals. Less stress. realise that homeopathy complements cure in itself. in test tubes, although I conventional medicine and is not a
Rheumatoid arthritis	Occasional flare ups	Don't like side-effects of orthodox medication. In my case there is incompatibility between medication and pregnancy and as I would like to start a family this is a major issue.	I think orthodox treatment, like in my case, can do lots but I strongly believe that the approach of orthodox medicine has underestimated the role played by other factors in the development/cure of a disease. Complementary medicine seems to show more awareness of these. other factors.
Rheumatoid arthritis, menopause	–	Unemployed – it would be difficult, but she would certainly try to continue.	I have been on conventional medication for two years now and my condition has improved greatly. However, I do know that conventional medicine can cause side-effects and damage, although I have been spared these to date. Saying all that, what I want is to get away from conventional medicine. I want to be kinder to my body.
Rheumatoid arthritis (eight years)	No	I believe in homeopathy and I have seen people getting better with this treatment. It has not got any side-effects.	Homeopathy treatment is slow but in the end it works. A person has to be patient with this treatment (it is, according to the saying, slow and steady wins the race).
Migraine	No	To stop taking drugs.	–
Chron's disease + thyroid problems (six years)	Not specified	–	–
Candida infection (7·5 years) Bad digestive system	No	In my case homeopathy is treating the cause of an ongoing problem. My GP just tried to cure the symptoms, which were recurrent.	I have wanted to be referred for homeopathic treatment for some time, however, the male GPs that I was asking to did not believe that my candida infection would benefit from this kind of treatment. Instead, they giving me the usual Canesten cream and pessary.

PROBLEMS	COMPLICATIONS	ATTITUDE TO HOMEOPATHY	PATIENT COMMENT
Rheumatoid arthritis (two years)	No	Because traditional medicine is very pro the use of drugs and science and very against the idea that a person's body has the capacity to heal itself. What is often ignored is that the side-effects are effects are the side-effects caused by the drugs themselves. My GP wanted to prescribe a drug (methotrexate) which effectively completely suppressed my immune system for four years. I would rather pursue a treatment which works with my body instead of invasive drug therapies like these.	I have used homeopathy for many years for simple first aid, all manner of children's illnesses and accidents and through child birth and now specifically with RA. It works. It is very personalised and specific and I support the fact that no two people are the same and no two people with the same illness/problem should be prescribed with the same drug, as happens traditionally. Every individual case has a personal picture – physically and emotionally, etc. – and a homeopathic practitioner recognises this and prescribes accordingly. Sometimes it can be a bit hit or miss in more difficult cases, but at least there are no side-effects to the 'misses'. One proviso – homeopathic treatment is as effective as the practitioner is. A 'good' homeopath will achieve good results. A less experienced or intuitive practitioner may not always get the best result.
eczema, neck and back pain – treated by GP five years on and off	–	It works well as a preventative therapy. If I catch flu or bronchitis in time with one of my homeopathic medicines I can stop it.	Menstrual, –
Breast cancer	Metastatic	–	–
Arthritis – treated by GP (two years)	No	N/A	N/A
Stomach problems	–	Because I feel it does not treat just symptoms but the whole person.	–
Skin; digestion problems; fatigue	I went to GP but did not use any of the prescriptions offered	Cannot afford.	Often conventional Rx just replaces one set of symptoms with another. The NHS could make better use of available money in the long run by offering more complementary therapies rather than so many expensive drug and high tech treatments which are often concerned with suppressing symptoms rather than curing causes.
Pains treated for years	No	Because it works.	–
Acne	No	Prefer natural remedies to chemicals.	–

PROBLEMS	COMPLICATIONS	ATTITUDE TO HOMEOPATHY	PATIENT COMMENT
Eczema	No	This is an alternative natural method of treatment and treats the whole body rather than just the main problem.	–
Menopause	No	Treatment more effective.	–
Menopause treated by GP (two years)	Yes, but not specified	I would continue to seek alternative treatment because I feel as if my opinion about my illness is valued. I feel that the doctor is listening and I am being treated as a person.	While I acknowledge the benefit of conventional medicine the side-effects of such treatments often cause more complications. The medical profession is often quite dismissive of patients' opinions about side-effects. It seems there is a tendency to disbelieve symptoms suggested by patients if these are listed by the manufacturer.
Knee injury	N/A	Because it works in many cases	The first time I used or tried homeopathy was for my son who had a block when trying to work for his A levels. Treatment was highly successful. I was recommended to the treatment of homeopathy by a friend whose husband is a cardiac consultant in Manchester.
Premenstrual tension	N/A	I would consider but may not be able to afford. I have spoken with a lot of people and homeopathy sounds like the treatment most likely to help.	–
Osteoarthritis, osteoporosis, blocked coronary artery	No	To relieve the pain and be mobile.	I find acupuncture helped me a lot.
Menopause, panic attacks	No	Couldn't afford.	My highest worry about conventional medicine is that doctors often mis-diagnose and do not listen to patients. They also do not ask questions, or resent being asked questions. They also rarely give an overall check up, i.e. the equivalent of an MOT.
Menstrual problems (treated for seven years)	No	Could not afford.	–
Cancer and menopausal symptoms (treated for five years)	Allergies, menopausal, repeated cancers	Couldn't afford.	During my years with numerous cancers . . . this is the first hospital . . . which gave me full support, help and advice, and even arranged for me to go to the Bristol Cancer Centre. My life will be useless without this hospital, especially the pain relief they offer through their hands on therapies.

PROBLEMS	COMPLICATIONS	ATTITUDE TO HOMEOPATHY	PATIENT COMMENT
Eczema, hormonal problems Treated by GP (five years)	No	As I have found homeopathy always very effective.	–
Hot flashes	N/A	Because I think it has improved the condition.	Hormone replacement therapy was available but I did not want to take the risks associated with it.
Headaches	N/A	It would be very expensive.	–
Cancer treated for five years	Yes, not specified	I feel it may be of some use.	–
Breast cancer	N/A	Yes, for survival reasons.	Complementary therapy should be used alongside conventional medicine and with this in mind should always be available on the NHS. Private medical insurance should cover homeopathy and other recognised therapies.
Scleroderma/nasopharyngeal cancer	Post radiotherapy damage	I believe it works.	Conventional medicine offered no help for my scleroderma and only offers to try and treat problems once they have arisen. I want help to maintain my health while it is OK. I do not see it as alternative therapy but as adjunctive therapy, I am very sceptical about non-conventional therapies practised by unregistered individuals.
Cancer	Lymphoedema	I considered it to be the only form of treatment left to me as conventional treatment offers me no more alternatives. I must also tell you that I feel really well taking all the remedies given to me. I believe in it.	I could hardly believe the difference between the attitude of the doctors here and those of my cancer hospital. I was used to being treated as a person with cancer, not as a human being who had a problem arising from life before and after contracting cancer and who actually possessed feelings. I cannot impress upon you enough how important it is for patients to talk to someone who seems genuinely interested in helping you instead of just zapping the cancer away without thinking why it occurred in the first place.

patients reported good relationships with their GPs and thought that they had received a satisfactory orthodox treatment. Although many patients felt that CAM practitioners had a better understanding of their problem, they still intended to return to their GP in the future.

- Finnigan (1991)[16] also confirmed that the primary motivation for using CAM was failure of CAM to bring about a satisfactory improvement in the patient's condition. The evidence pointed to two distinct types of patients, those who turned to it as last resort and were not interested in its philosophy, and those who were attracted to its ideology and not bothered whether it brought them alleviation.
- Finally, Furnham (1996, 268 patients)[2,15] decoded the following reasons:

  i. perceived values of CAM include that it is 'natural', relaxing, effective and sensible, and patients could take an active part in their treatment;
  ii. failure of OM to bring a specific relief;
  iii. adverse side-effects; and
  iv. communication between orthodox practitioners and patients.

In many recent studies[8, 11] the appeal of the philosophical framework of CAM emerges very clearly. The press and media bombard the public with information about how to look after our health and the importance of doing so. An obsession with good health, or natural good looks, is very much responsible for making us receptive to the values of CAM. A large sector of the population is prepared to take complementary therapies seriously as a means of staying or becoming healthy. It seems that the tidal wave that has carried CAM to the forefront of people's consciousness is more than just discontent with the existing medical profession. Complementary medicine can easily be seen as a symptom of a widespread change in attitudes. It seems to be a sort of avant-garde for new ideas about the body and the health. Orthodox medicine is also responding to this challenge by becoming more open and sensitive to the needs of patients and the general public.

If there is no real therapeutic benefit from CAM, the fashion factor will fade and patients will revert to OM practice. If, on the other hand, further research confirms the efficacy of some CAM treatments, scientists have to try to research theories that can accommodate and extend these effects.

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