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Mini Review

Basic Principles of Application of Alternative Medicine with Economic, Legal and Health Benefits

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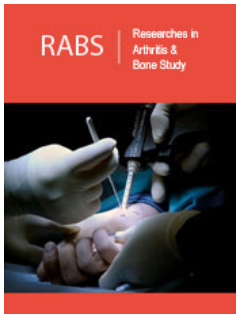

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Abstract

Background: Alternative Methods (AM) have been used empirically by peoples around the world from ancient times to the present day. In the 21st century, we are facing two situations on the part of the health system regarding the acceptance or rejection of these methods by health professionals**.**

Aim of our research was to determine basic principles of application of AM with economic, legal and health benefits for the patients and public health.

Methods: We used the analysis of data published by the WHO and databases, for the application and significance of AM, in the modern health system, education, evaluation and standards for their application, as they would be economically justified and significant for the quality of life of patients.

Results: We were Guided by opinion of the WHO, for the application of alternative methods based on evidence. We found that some AM are also accepted as effective by the WHO. Each method goes towards applying with a pre-set diagnosis by a doctor and proven effects based on a given therapy protocol together with conventional treatments. The therapy given by a medical professional must be with a good knowledge of the contraindications.

Conclusion: There are more researches that are based on medical evidence about the effect of AM methods in the treatment, prevention and improvement of the quality of life of patients. These researches are carried out in medical facilities and monitored according to the same principles as conventional treatments. If they are applied with an accurate diagnosis and according to a given protocol, they can have health and economic benefits for health system and patients. The principle of ethics, medical effect and economic benefit can only be obtained by application in a health system, by health professionals with legal regulations.

Keywords: Alternative medicine; Application protocols; Medical diagnosis

Introduction

Alternative Methods (AM) have been used empirically by peoples around the world from ancient times to the present day [1]. In the 21st century, we are facing two situations on the part of the health system regarding the acceptance or rejection of these methods by health professionals [2].

The bearers of the health activity are doctors from conventional medicine, for which they are educated according to the latest knowledge on diagnosis, treatment and prevention of diseases. In the course of practice, we meet patients who, despite all available medical advances, also use alternative methods, applied by people without medical education [3].

Doctors have two different attitudes, firstly, these alternative methods are looked upon with derision, and others are educated and apply them as part of their practice. New imaging techniques, as well as monitoring the effect of treatment at the cellular level, have led many alternative methods that were considered unproven 20 years ago to be accepted by conventional medicine today. From the point of view of a doctor of physical medicine and

rehabilitation, we saw this from the first attempts to apply the low-energy laser and the magnetic field from 20 years ago and now [4,5]. Many of the methods that originate from a given geographic area, for example, Traditional Chinese Medicine, are the treatment of choice for the population in those regions. In other regions of the world, it is viewed with distrust, especially if it involves doctors of invasive treatment methods. As a doctor of science in the field of physical medicine and rehabilitation, I encountered 24 years ago the problem of how to show the effect of physical modalities in quantitative measurement parameters.

We developed protocols to monitor the effect of the treatment through the measurement of mobility in the joint, the extent and measurement of swelling, and the measurement of muscle strength with electronic devices. The statistical choice of the method to display also needed to be devised. In the past 25 years, in addition to research on the effect of treatment, we have devoted it to studying the effect of non-pharmacological interventions in the treatment of diseases [6]. So, for example, if we have a disorder of balance for which there is no cure, and we only have exercises and alternative methods such as yoga, dance, music therapy, etc., then the evaluation of the effect will be obtained by measuring the balance with a standard scale used by neurologists to assess balance-related quality of life.

Guided step by step by the guidelines of the WHO, for the application of alternative methods based on evidence, we gained knowledge and sublimated it in several books based on personal world researchers [7]. So, the effect of massage in patients with Parkinson's disease, we determined, can be proven by monitoring the level of cortisol in saliva, urine and blood, before and after the treatment. Modern neuroradiological techniques have proven that there is increased brain activity after treatment with exercises in certain centers that were in deficit. Low energy laser treatments can be monitored through the concentration of tumor necrosis factor and anti-inflammatory indicators [8]. Today it is not necessary to sacrifice animals to prove a treatment effect. It can also be monitored through blood parameters. The biostimulatory effect of infrared light healing in the treatment of decubitus wounds is a revolutionary advance in the nursing care of decubitus prevention [9].

If these methods are confirmed to be effective, and accepted by the medical public through evidence-based medicine, then there is no obstacle to their application by doctors who have a certificate to apply it. But the doctors are the ones who make the diagnosis. Therefore, every patient for whom AM can be applied should first be examined by a doctor, a diagnosis made and the indications and contraindications correctly set. Evaluation of the condition with clinical measurements can only be done by a doctor. What would happen if a patient without a doctor's prescription, who is on anticoagulant therapy, receives an AM that is contraindicated [10].

There are risks to applying massages and chiropractic grips to the neck area that can be deadly. Therefore, our position is that the application of any AM must be regulated by a previous examination by a specialist doctor in the field and an evaluation made before and after the treatment [11].

There are also two abuses by the doctor that should be taken into account, and they are the following: if he uses invasive methods because of his mental attitude or for the sake of economic benefit to prefer an invasive method even in a patient in whom it can be solved conservatively, or if he uses a non-invasive method, to postpone the operative treatment on the grounds that it can be treated conservatively. There should be an independent commission that will justify or not justify the costs of the treatment. As an example, I would state that disc herniation of the 1st and 2nd degree should be proposed to be treated surgically, and disc herniation of the 3rd and 4th degree, which is an absolute indication for operative treatment, should be promised to be cured by conservative methods. However, in the end, the possibilities should be explained to the patient on an ethical basis and he should be allowed to decide how he will be treated [12].

But the situation gets complicated and complicated, when non-medical persons or medical persons with a lower rank of doctors apply AM. So it happens that in domestic conditions outside the health system, physiotherapists perform massages and chiropractic on patients, for whom it is not indicated, so that thrombo embolism and death results.

If we explained the medical dilemmas about yes and no receiving AM, now we will move on to the legal norms in the health system. In every modern country, the application of AM is regulated by law, and the person who submits the device and method should be certified for it, as well as have training for the device and permission from the Food and Drug Agency that the product is allowed for use. So, in our country, electrostimulation suits for body shaping are applied or applied by non-medical persons. So, it happens in women with breast implants, complications arise, or beauticians with a course in cosmetics treat with laser hair removal [13,14].

The economic benefits from the application of AM can be more numerous. Namely, they can generally improve the quality of life of chronic patients and thus reduce the costs of health care, then they can reduce the use of pain medications and the tendency to addiction to them, reduce the use of antibiotics and resistance to them, to make the life of palliative care patients worthy and the expenses for it [15-17].

We must assess if the application of AM can reverse chronic diseases and activate critical genes or survival with the activation of Sirtuin 1, with relevance to the severity of chronic diseases [18,19].

As a conclusion, we would state that the application of AM has medical, economic and ethical justification. The application of the same must be by certified medical personnel, with a previously established diagnosis and indication from a doctor. The effect of the treatment should be determined by medical monitoring protocols from conventional medicine, for the justification of the expenses for therapy either from the public health care funds or from the patient's personal assets.

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