

The Dalhousie Medical Journal (DMJ), currently in its 30<sup>th</sup> volume of publication, provides an excellent opportunity to readers and researchers alike in Atlantic Canada. It serves as a vehicle to present new data that may be critically digested, reviews that may refresh, stories that may inform, and cases that may challenge. The journal is an arena to bring forth new ideas so that they may either be debunked or incorporated into the larger toolbox of contemporary medicine. It is an arena where concepts central to medicine may be built upon or challenged.

This issue of the DMJ carries a slice of the broad spectrum of fields and viewpoints in medicine. The issue includes the traditional research articles and reviews, clinical articles, and an article on the history of anesthesia in Nova Scotia. And as the field of complementary and alternative medicine (CAM) is increasingly subjected to the same rigours applied to conventional medicine, two articles on CAM have also been included.

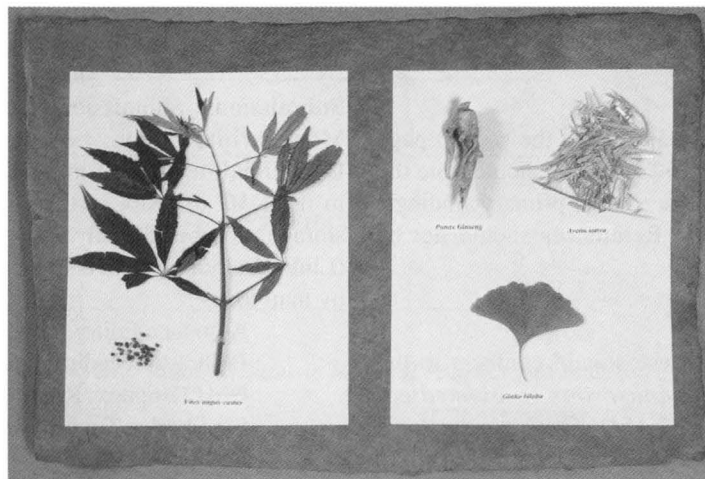
The popularity of CAM does continue to rise in Canada.<sup>1</sup> Here, at Dalhousie Medical School, students have expressed an interest in acquiring formal exposure to CAM (page 22).<sup>2</sup> A 1999 study shows that at most Canadian medical schools CAM is offered as part of a required course and limited to lectures during the pre-clinical years.<sup>3</sup> This is but a small step towards eventually offering complementary and alternative therapies as options in the primary care setting. Perhaps we should look to another country for an example that illustrates the process of integrating a branch of CAM into primary practice. Ten to fifteen years ago in Germany, patient demand for alternatives to synthetic medicine started to rise.<sup>4</sup> Medical schools responded, starting with the

resurrection of phytopharmacology in medical curricula. All safety and efficacy data involving herbal products in use as medicines was evaluated and monographs on over 200 plant products were produced. Herbal medicines must be registered before they can be accepted as therapeutic drugs and are produced using stringent quality control. Moreover, about 40% of the herbal remedies prescribed are covered by the health care system. The result is that German physicians routinely prescribe herbal medicines for upper respiratory tract infections, irritable bowel syndrome, anxiety and depression. Their confidence is derived from their training, and the regulation and quality control backing herbal medicines.

Herbal medicine is only one of the many areas of CAM, and this example may obviously apply better to some areas than others. Nonetheless, it is indicative of the concerted efforts required if a complementary therapy is ever to be offered as a real option. Ignoring the rising popularity of CAM in patients' lives may be dangerous. But a complementary or alternative therapy haphazardly integrated into primary practice may be even more so. It is hoped that the two articles contribute to the readers' discussion and the discussion at large on whether CAM must be debunked or ultimately incorporated into the larger toolbox of contemporary medicine. —*Navika Limaye and James Ross*

#### References

1. Popularity of Alternative Health Care Providers Continues to Grow. *CMAJ* 2002; 166(3):366.
2. Keeping up with the evolution of healing: Attitudes of Dalhousie medical students toward the integration of CAM into the undergraduate curriculum. *DMJ* 2002; 30(2): 22.
3. Alternative and Complementary Medicine in Canadian Medical Schools: a Survey. *CMAJ* 1999; 160(6): 816-817.



"Herbal Explorations"  
by Madeline Morris MD 2004