In this issue, Dr. Onysko discusses “alternative” pharmacologic approaches to painful peripheral neuropathy. (See page 470.) Because so many of our patients use alternative therapies, I contend that alternative therapies are no longer “alternative.” Even the federal government has officially recognized the widespread use of alternative therapies by changing the name of the National Center for Complementary and Alternative Medicine in December 2014 to the National Center for Complementary and Integrative Health.

Alternative medicine had a bad name in mainstream medicine until 1991, when the National Institutes of Health established the Office of Alternative Medicine, officially recognizing that some alternative treatments might have a scientific basis and true therapeutic effects beyond the placebo effect. Over the years, hundreds of randomized controlled trials (RCTs) have emerged to investigate the value of various herbal treatments, vitamin therapies, magnet therapy, acupuncture, tai chi, aromatherapy, and other physical medicine and medicinal treatment modalities.

Last spring, as I prepared an evidence-based medicine talk, I was struck by the solid evidence supporting numerous therapies we used to consider alternative. Many trials of acupuncture, for instance, have shown positive effects for various musculoskeletal problems. But acupuncture is also effective for functional dyspepsia, according to a well-designed RCT. In addition, it can relieve symptoms of irritable bowel syndrome (IBS), according to a Cochrane meta-analysis of 17 RCTs.

One of the new kids on the block in alternative medicine is functional medicine, founded by nutritionist/biochemist Jeff Bland. According to the Institute of Functional Medicine Web site, functional medicine is a combination of holistic medicine principles and a belief that we can treat a wide variety of ailments with various dietary treatments, including supplements. Although research on the interaction between gut flora and human health is burgeoning, I’m wary of claims of effectiveness until we see evidence of improved patient-oriented outcomes from well-executed RCTs.

I’m keeping an open mind, however, about all forms of complementary and integrative therapies. After all, who would have guessed 30 years ago that peptic ulcer disease could be cured with antibiotics?

