



# **Terminology in Complementary and Alternative Health**

**A paper prepared for the  
Ministerial Advisory Committee on  
Complementary and Alternative Health**

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## Foreword

This paper represents the beginning of the work programme of the Ministerial Advisory Committee on Complementary and Alternative Health (see Appendix I for the membership of the Committee). It provides some international context to answer the fundamental questions of:

- 1 What terms and definitions are used when talking about complementary and alternative health?
- 2 What therapies or modalities are included within these definitions?

Some define the area very narrowly (including only those practices which have formal training and self-regulation protocols), while others define it very broadly. There is a considerable difference of view on this worldwide.

The Ministerial Advisory Committee on Complementary and Alternative Health hopes this paper clarifies what might be considered complementary and alternative therapies in the New Zealand context. The Committee also puts forward some core terminology that might be agreed upon, so that better communication can be achieved among complementary and alternative practitioners, and with other health practitioners.

The first section of this paper looks at the range of terms used to describe 'complementary and alternative' health, and also those used to describe the medical paradigm. The term 'complementary and alternative' is used as a starting point for this group of modalities or therapies as this was the term used in naming the Committee when it was established.

The second section looks at the different models that have been developed to categorise the different modalities of complementary and alternative health. The model of categorisation adopted by the Committee is demonstrated in the third section, adapted to suit the New Zealand context.

In the final section the conclusions reached by the Committee on its definition of complementary and alternative health and naming the medical paradigm are summarised, and its adoption of a categorisation model to suit the New Zealand context for the purposes of the Committee's work is noted.

The Committee would like to encourage feedback on the paper. Comments are welcomed by email to [amanda\\_bowens@moh.govt.nz](mailto:amanda_bowens@moh.govt.nz), by fax to (04) 496 2340, or by post to:

Secretariat of the Ministerial Advisory Committee on Complementary and  
Alternative Health  
Ministry of Health  
PO Box 5013  
Wellington

We hope that you and your colleagues find this paper of use in communicating to others about complementary and alternative health.

Prof Peggy Koopman-Boyden  
Chair  
Ministerial Advisory Committee on Complementary and Alternative Health

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## Traditional Māori Healing

Under the Treaty of Waitangi, the Government has an obligation to protect and support Māori systems of knowledge. Development of policy advice with respect to traditional Māori healing should be led by Māori to be consistent with the principle of rangatiratanga, or self-determination. In light of this, MACCAH will not be considering traditional Māori healing within the scope of its policy advice to the Minister of Health.

Advice in this area will instead be led by the Ministry of Health's Māori Health Directorate in the context of implementing He Korowai Oranga, the Māori Health Strategy.

# 1 Terminology

## 1.1 Choosing a term

A wide variety of terms or phrases are used to refer to the area of health care that is external to Western biomedicine (see Section 1.2 for discussion on defining the biomedical paradigm).<sup>1</sup> This section looks at the use of these different terms, and at those most appropriate for the use of the Committee in the context of New Zealand health care.

Some of the commonly used terms for these forms of health care or medicines/therapies are as follows:

- natural
- unorthodox / unconventional / non-conventional
- marginal / fringe
- (w)holistic
- complementary
- alternative
- complementary and alternative medicine (CAM)
- primitive / traditional healing.

We look at the use of these terms below.

### **Natural**

The terms 'natural' health care, 'natural' therapies and 'natural' medicine are all used to describe what the Committee refer to as 'complementary and alternative health'.

The New Zealand Charter of Health Practitioners (NZCHP) defines the terms 'natural medicine' and 'natural therapies', as follows:

- 'natural medicines are all those traditional methods of healing which involve, or are mainly based upon, ingestible medicines
- natural therapies are all those methods of healing which do not require the administration of medicines as the essential part of treatment'.

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<sup>1</sup> Dictionary definitions of some of the key words discussed here are given in Appendix II.

One of the arguments for using these phrases, instead of terms such as 'complementary' and 'alternative', is because by using the term 'natural', the area is defined on the basis of its own characteristics, rather than in contrast with Western biomedicine. Many people consider that these medical systems or therapies should be defined in their own right, and not in comparison to another medical system.

### **Unorthodox / unconventional / non-conventional**

The term 'unorthodox' medicine or therapies is used by some writers, and defines these therapies solely in terms of orthodox medicine (Western biomedicine). It can be argued that this is a purely negative definition, meaning 'at variance with established orthodox or accepted doctrines or beliefs' (White 1991). The term 'unconventional' is similarly considered to be a negative definition.

### **Marginal / fringe**

The terms 'marginal' and 'fringe' were used frequently by writers in the 1960s and 1970s who were not part of the alternative health movement (White 1991). These terms are still used today, particularly by those outside the complementary and alternative health sector, but their use is less common.

### **Wholistic / holistic**

The term 'wholistic' or 'holistic' is commonly used in connection with all health practices, including complementary and alternative therapies, and is identified as one of their defining characteristics. 'Holism' is generally understood as meaning that the health practitioner considers the whole person, including physical, mental, emotional and spiritual aspects.<sup>2</sup> The terms 'wholism' or holism are not commonly used, however, as an identifying title to encompass all complementary and alternative therapies.

### **Complementary**

'Complementary' and 'alternative' are probably the two most common terms used to refer to this area of health care. They are used frequently in the published literature, either on their own or together.

The term 'complementary' seems to be most often used to refer to the whole range of therapies that are not Western biomedicine, but it is sometimes also used to refer to a subset of these therapies. When used in this more specific form, 'complementary' is sometimes used solely to refer to therapies that can be used to supplement Western biomedical treatment, such as aromatherapy and hypnotherapy.

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<sup>2</sup> <http://www.icmedicine.co.uk/whatiscm.htm>

The term 'complementary' has come into regular usage in the last 15 years, and currently appears to be more popular than 'alternative' (White 1991). 'Complementary' medicine seems to be commonly understood as meaning 'complementing biomedicine'. However, an alternative interpretation is that it complements the needs of the patient, rather than complementing biomedicine (Institute for Complementary Medicine 2001).

Some in the complementary and alternative sector prefer 'complementary' (defined most commonly as complementing biomedicine) rather than 'alternative', because it implies an accepted position in relation to orthodox or Western biomedicine: using the term 'complementary' does not imply either relations of inferiority or superiority (Willis 1994). However, for some people the term implies that all such therapies are used as an adjunct to Western biomedicine, and cannot be complete medical or healing systems in their own right.

In 1987 the Department of Health conducted exploratory research into complementary and alternative health in New Zealand. Its subsequent publication used the term 'complementary', after attempting to use the term 'alternative/complementary therapies' and finding this phrase too clumsy (Leibrich et al 1987). 'Complementary medicine' is also the phrase used by the Therapeutic Goods Administration<sup>3</sup> in Australia.

## **Alternative**

Like 'complementary', the term 'alternative' seems to be most commonly used in its broader sense as including all therapies outside of the biomedical paradigm. The narrower concept of 'alternative' medicine or therapies refers to therapies that are seen to provide an alternative medical system to Western biomedicine and to include in their body of knowledge diagnostic systems and treatments for the full range of conditions that impact on health and wellbeing.

The Office of Alternative Medicine of the National Institutes of Health in the USA defines 'alternative therapy' as:

any treatment (substance or modality) that is used or prescribed to patients that is not a USA Food and Drug Administration/FDA approved pharmaceutical substance or device of FDA approved substances or devices being used for indications and in doses not approved by the FDA for that agent or device.<sup>4</sup>

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<sup>3</sup> Therapeutic Goods Administration. 2001. *Medicines Definition*. <http://www.health.gov.au/tga/docs/html/meddef.htm#cmed>

<sup>4</sup> Cited in Cox M. 1998. *Alternative Health Providers/Practitioners and Dietary Supplementation*. MSc thesis in Physiology. Wellington: Victoria University of Wellington.

'Alternative medicine' is described by White (1991) as the term used for a variety of heterodox therapies, which have very informal structural connections with each other. One thing in favour of using this term, White argues, is that it conveys the idea that people have choice or an alternative to orthodox treatment.

The term 'alternative' is perceived by some as undesirable because it defines these therapies or medical systems in contrast to an 'orthodox' system, as discussed above. Fisher and Ward (1994) argue that 'alternative' is pejorative, lumping together 'heterogeneous categories defined by what they are not rather than by what they are'. Three theses written in New Zealand on the subject of complementary and alternative health between 1991 and 1998 use the term 'alternative', in the form of 'alternative medicine', 'alternative therapies', or 'alternative health providers/practitioners' (Cox 1998; Dew 1998; White 1991).

A report prepared for Health Canada used the phrase 'complementary and alternative health practices', shortened to 'alternative practices' (CAHP Project 1999). However, the report noted that the use of this terminology proved difficult. It found that the prevailing research literature, for example, used the term 'complementary and alternative medicine' or 'CAM'. It also commonly came across 'complementary therapies' (CT) or 'complementary medicine' (CM).

### **Complementary and alternative medicine (CAM)**

The term 'complementary and alternative medicine' is becoming increasingly common. In 1995, at a conference of the US Office for Alternative Medicine of the National Institutes of Health, one of the tasks was to define and describe complementary and alternative medicine. The panel responsible for this decided on the phrase 'complementary and alternative medicine' or 'CAM', and adopted the following definition:

'Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being', (O'Connor et al 1997).

The National Center for Complementary and Alternative Medicine of the National Institutes of Health in the United States has adopted this term (see Section 3.2).

The Cochrane Collaboration<sup>5</sup> uses ‘complementary and alternative medicine’, as does the UK House of Lords Select Committee on Science and Technology (see Section 2.1). In their report on complementary and alternative medicine, the Committee describes CAM as ‘a diverse group of health-related therapies and disciplines which are not considered to be a part of mainstream medical care’ (House of Lords Select Committee on Science and Technology 2000).

## **Conclusion**

The terms ‘complementary’ and ‘alternative’ are used regularly in the literature, but there is ongoing debate around which term is more appropriate. The terms ‘natural therapy’ and ‘natural medicine’, although used widely in New Zealand, are less common in the published literature.

The term ‘complementary and alternative medicine’ has recently been adopted by several official bodies (the US NCCAM and UK House of Lords Select Committee on Complementary and Alternative Medicine) and appears to be gaining currency.

The Committee has agreed to adopt the term ‘complementary and alternative medicine’ (CAM) for the purposes of its work and recommends that it also be adopted by others.

## **1.2 Defining the medical paradigm**

A variety of terms are also used to refer to the medical paradigm that is dominant in New Zealand. There is currently very little published literature on terminology used to describe this paradigm. The purpose of this section is to identify the term or terms that the Committee will consistently use in their work.

This form of medicine uses a scientific framework that aims to base itself on evidence. Most medical organisations just use the term ‘medicine’.

Some of the terms commonly used to refer to the medical paradigm are:

- conventional / mainstream
- modern
- allopathic
- biomedicine / Western medicine
- scientific.

The use of each of these terms is described below.

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<sup>5</sup> The Cochrane Collaboration is a non-profit, international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of health care interventions.

## **Conventional / mainstream**

As the medical paradigm is the dominant medical system in New Zealand and throughout the Western world, it is often referred to as 'conventional', 'orthodox' or 'mainstream' medicine. These terms are also commonly used by the medical sector and the CAM sector. While they do imply that treatments not included in this paradigm are 'unconventional' or 'unorthodox', they seem to be widely accepted.

## **Modern**

Because it is seen in contrast to traditional systems of healing, such as indigenous healing systems, the medical paradigm is sometimes referred to as 'modern medicine'. Paradoxically, in light of the recent surge in popularity of complementary and alternative therapies, the development of new therapies, and the identification of this system's roots in the teaching of Hippocrates, it is also sometimes called 'traditional medicine'.

## **Allopathy / biomedicine / Western medicine**

The term 'allopathic' medicine has been used historically to distinguish the medical paradigm from homoeopathic medicine, and later from other alternative therapies (Bates 2001). This term has now fallen out of common usage, and is most commonly replaced by the term 'biomedicine', or 'Western medicine' by those within the medical sector. 'Allopathy' is still commonly used by complementary and alternative practitioners.

The use of 'biomedicine' is common both in literature on complementary and alternative medicine, and also within its own paradigm. The use of 'Western biomedicine' is less common, and is mainly found in the social sciences literature and in the literature on complementary and alternative medicine.

## **Scientific**

Because the medical paradigm aims to base itself on scientific principles, and in light of the current trend of evidence-based medicine, it is referred to by some as 'scientific' medicine.

The terms 'scientific', 'modern', and 'traditional' are less useful, as they have a subjective component and are considered somewhat inaccurate by some.

## **Conclusion**

The Committee has agreed to adopt the term 'biomedicine' to describe the medical paradigm for the purposes of its work.

## 2 Categorisation of Modalities

Several models exist for categorising the different modalities of complementary and alternative medicine. In this paper, the models from the following organisations are outlined:

- House of Lords Select Committee on Science and Technology
- US National Center for Complementary and Alternative Medicine (NCCAM)
- New Zealand Charter of Health Practitioners (the Charter).

The House of Lords Select Committee and NCCAM have developed frameworks that are inclusive; that is, they can be applied to any complementary or alternative modality or therapy. The Charter model, on the other hand, has been designed as part of a self-regulatory framework.

### 2.1 House of Lords Select Committee on Science and Technology model

The House of Lords Select Committee on Science and Technology in the United Kingdom conducted an inquiry into complementary and alternative medicine in 2000. Their report was published in November 2000.

In their report, the House of Lords Select Committee outlined a model for categorising complementary and alternative modalities (see Table 2.1). The purpose of the model was not stated in the report, but some criteria for the categorisations are apparent. These relate to the level of professional organisation of the modalities, and whether they have an individual diagnostic approach, aim to complement or supplant biomedicine, or have a 'credible' evidence base.

**Table 2.1: House of Lords Select Committee Categorisation of Modalities**

<b>Group 1: Professionally organised groups</b>	
<p>The 'principal disciplines': it was found that each of these therapies claims to have an individual diagnostic approach, and that they are seen as the 'Big Five'.</p>	<p>For example:</p> <ul style="list-style-type: none"> <li>• acupuncture</li> <li>• chiropractic</li> <li>• herbal medicine</li> <li>• homoeopathy</li> <li>• osteopathy</li> </ul>
<b>Group 2: Complementary therapies</b>	
<p>It was determined that these modalities are most often used to complement conventional medicine, and do not purport to embrace diagnostic skills.</p>	<p>For example:</p> <ul style="list-style-type: none"> <li>• Alexander technique</li> <li>• aromatherapy</li> <li>• Bach and other flower remedies</li> <li>• body work therapies including massage</li> <li>• counselling stress therapies</li> <li>• hypnotherapy</li> <li>• meditation</li> <li>• reflexology</li> <li>• shiatsu</li> <li>• Maharishi Ayurvedic medicine</li> <li>• nutritional medicine</li> <li>• yoga</li> </ul>
<b>Group 3: Alternative disciplines</b>	
<p>This group includes those disciplines that:</p> <ul style="list-style-type: none"> <li>• offer diagnostic information as well as treatment</li> <li>• favour a philosophical approach</li> <li>• are indifferent to the scientific principles of biomedicine.</li> </ul> <p>These therapies were split into two sub-groups:</p> <p>3a: Long-established and traditional systems of health care</p> <p>3b: Other alternative disciplines determined to be lacking in any 'credible' evidence base.</p>	<p>For example:</p> <ul style="list-style-type: none"> <li>• anthroposophical medicine</li> <li>• Ayurvedic medicine</li> <li>• Chinese herbal medicine</li> <li>• Eastern medicine (Tibb)</li> <li>• naturopathy</li> <li>• traditional Chinese medicine</li> <li>• crystal therapy</li> <li>• dowsing</li> <li>• iridology</li> <li>• kinesiology</li> <li>• radionics</li> </ul>

Source: House of Lords Science and Technology Committee 2000.

## **2.2 US National Center for Complementary and Alternative Medicine (NCCAM) model**

The National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health<sup>6</sup> in the United States was established to stimulate, develop and support research on complementary and alternative medicine for the benefit of the public. It aims to provide the American public with reliable information about the safety and effectiveness of CAM practices.

The NCCAM has identified five 'major domains' of complementary and alternative medicine, which are identified in Table 2.2. This categorisation is based upon the characteristics of the different therapies.

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<sup>6</sup> The NIH is a medical research centre and one of eight health agencies of the Public Health Services, which is part of the US Department of Health and Human Services.

**Table 2.2: United States National Center for Complementary and Alternative Medicine ‘Major Domains of CAM’ Classification**

<b>Group 1: Alternative medical systems</b>		<b>Examples</b>
Alternative medical systems involving complete systems of theory and practice that evolved independently of, and often prior to, the biomedical approach. Many are traditional systems of medicine that are practised by individual cultures throughout the world.	<ul style="list-style-type: none"> <li>• traditional oriental medicine</li> <li>• Ayurveda</li> <li>• traditional systems developed by Native American, Aboriginal, African, Middle Eastern, Tibetan, Central and South American cultures</li> <li>• homoeopathy</li> <li>• naturopathy</li> </ul>	
<b>Group 2: Mind–body interventions</b>		
Mind–body interventions employ a variety of techniques designed to facilitate the mind’s capacity to affect bodily function and symptoms. Only a subset of mind–body interventions are considered CAM. Many that have a well-documented theoretical basis, (for example, patient education and cognitive–behavioural approaches) are now considered ‘mainstream’.	<ul style="list-style-type: none"> <li>• meditation</li> <li>• hypnosis</li> <li>• dance therapy</li> <li>• music therapy</li> <li>• art therapy</li> <li>• prayer</li> <li>• mental healing</li> </ul>	
<b>Group 3: Biological-based therapies</b>		
This category includes natural and biologically based practices, interventions and products; many overlap with conventional medicine’s use of dietary supplements.	<ul style="list-style-type: none"> <li>• herbal therapies</li> <li>• special dietary therapies</li> <li>• orthomolecular therapies</li> <li>• biological therapies</li> </ul>	
<b>Group 4: Manipulative and body-based therapies</b>		
This category includes methods based on manipulation and/or movement of the body.	<ul style="list-style-type: none"> <li>• chiropractic</li> <li>• osteopathy</li> <li>• massage therapy</li> </ul>	
<b>Group 5: Energy therapies</b>		
Energy therapies focus on either energy fields originating within the body (biofields) or those from other sources (electromagnetic fields). Biofield therapies are intended to affect the energy fields that surround and penetrate the human body.  Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields.	<ul style="list-style-type: none"> <li>• qi gong</li> <li>• reiki</li> <li>• therapeutic touch</li> <li>• bioelectromagnetic-based therapies</li> </ul>	

**Source:** National Center for Complementary and Alternative Medicine 2001.

## 2.3 The New Zealand Charter of Health Practitioners model

The New Zealand Charter of Health Practitioners (NZCHP) was formed in 1993 to represent the various natural health modalities in New Zealand. They have since developed a self-regulation protocol, enabling practitioners to become 'chartered health practitioners'. There are currently approximately 68 professional organisations affiliated with the Charter.

As part of the self-regulation protocol, the Charter has established four presidential boards, namely the:

- Traditional Māori Medicine Presidential Board
- Traditional Chinese Medicine Presidential Board
- Natural Medicine Presidential Board
- Natural Therapies Presidential Board.

The modalities covered by these boards are outlined in Table 2.3.

**Table 2.3: New Zealand Charter of Health Practitioners' Presidential Boards**

<b>Traditional Māori medicine</b>	<b>Examples</b>
Traditional Māori medicine, and other traditional healing methods from Polynesian countries.	<ul style="list-style-type: none"> <li>• traditional Māori medicine</li> <li>• Pacific traditional healing systems</li> </ul>
<b>Traditional Chinese medicine</b>	
Includes traditional Chinese medicine, and other healing traditions from the Orient.	<ul style="list-style-type: none"> <li>• traditional Chinese medicine</li> <li>• oriental healing traditions</li> </ul>
<b>Natural medicines</b>	
All those traditional methods of healing that involve, or are mainly based on ingestible medicines.	<ul style="list-style-type: none"> <li>• classical homoeopathy</li> <li>• medical herbalism</li> <li>• naturopathy</li> </ul>
<b>Natural therapies</b>	
All those methods of healing that do not require the administration of medicines as the essential part of treatment. This includes therapies based on massage, manipulation, vibrational balance and energy restoration.	<ul style="list-style-type: none"> <li>• massage</li> <li>• manipulation</li> <li>• energy restoration</li> </ul>
Some ingestible remedies are also included.	<ul style="list-style-type: none"> <li>• flower essences</li> <li>• homoeobotanicals</li> <li>• cell salts</li> </ul>

Source: NZCHP unpublished.

## 2.4 Which classification system to use?

Choosing or developing a classification system will depend heavily on the purposes for which it is intended. If the purpose is to represent clearly the spectrum of modalities of complementary and alternative medicine, then a system such as that developed by NCCAM is clear and effective. If, on the other hand, the purpose is to provide guidance or information for consumers on which modalities are efficacious, then the House of Lords Select Committee model is more useful, as it identifies those modalities which:

- have some evidence base
- can be used well in conjunction with biomedicine
- constitute an alternative system entirely
- have no evidence.

However, the House of Lords Select Committee categorisation system is somewhat controversial, due to the fact that it makes determinations on the evidence of efficacy for the different modalities. It has also been accused by some of having too narrow a conception of evidence.

The categorisation used by the New Zealand Charter of Health Practitioners for their Presidential Boards is useful to consider, as it is a local attempt at categorisation of complementary and alternative therapies. However it does not effectively categorise the spectrum of modalities into groups, as it was designed for regulatory purposes.

### Conclusion

The Committee has agreed to adopt the NCCAM model of categorisation as the basis for developing a categorisation model to suit the New Zealand context for the purposes of its work. This New Zealand model is described in the next section.

In the future the model may be further developed by including criteria such as whether or not the modalities are regulated, and whether or not they are determined to be efficacious.

### **3 The Ministerial Advisory Committee on Complementary and Alternative Health Model of Categorisation**

The model adopted by the Ministerial Advisory Committee on Complementary and Alternative Health is based on the model developed by the National Center for Complementary and Alternative Medicine (NCCAM). The Ministerial Advisory Committee on Complementary and Alternative Health has taken initial steps to adapt this model to suit the New Zealand context. Table 3.1 demonstrates the adapted model. Table 3.2 shows a list of the modalities that the Committee are aware are practised in New Zealand, and identifies which category the Committee have aligned them with.

**Table 3.1: The Ministerial Advisory Committee on Complementary and Alternative Health Model of Categorisation<sup>7</sup>**

<b>Group 1: Alternative medical systems</b>	<b>Examples</b>
Alternative medical systems involving complete systems of theory and practice that evolved independently of, and often prior to, the biomedical approach. Many are traditional systems of medicine that are practised by individual cultures throughout the world.	<ul style="list-style-type: none"> <li>• Ayurveda</li> <li>• traditional Chinese medicine</li> <li>• Pacific traditional healing systems</li> <li>• homoeopathy</li> <li>• naturopathy</li> </ul>
<b>Group 2: Mind / body / spirit interventions</b>	
Mind–body interventions employ a variety of techniques designed to facilitate healing. Only a subset of mind–body interventions are considered CAM. Many that have a well-documented theoretical basis (for example, patient education and cognitive-behavioural approaches) are now considered ‘mainstream’.	<ul style="list-style-type: none"> <li>• hypnotherapy</li> <li>• rebirthing</li> <li>• spiritual healing</li> </ul>
<b>Group 3: Biological-based therapies</b>	
This category includes natural and biologically based practices, interventions and products, many of which overlap with biomedicine’s use of dietary supplements.	<ul style="list-style-type: none"> <li>• herbal medicine</li> <li>• homoeobotanical therapy</li> <li>• biological therapies</li> </ul>
<b>Group 4: Manipulative and body-based therapies</b>	
This category includes methods based on manipulation and/or movement of the body.	<ul style="list-style-type: none"> <li>• chiropractic</li> <li>• osteopathy</li> <li>• massage (therapeutic and remedial)</li> <li>• Alexander technique</li> </ul>
<b>Group 5: Energy therapies</b>	
Energy therapies focus on either energy fields originating within the body (biofields) or those from other sources (electromagnetic fields).	<ul style="list-style-type: none"> <li>• chi kung</li> <li>• reiki</li> <li>• touch for health</li> <li>• bioelectromagnetic-based therapies</li> </ul>

<sup>7</sup> Based on the NCCAM model.

Table 3.2 lists complementary and alternative therapies currently practised in New Zealand. It provides an indication of the range and number of therapies available in this country.<sup>8</sup> The information has been gathered from a variety of sources.<sup>9</sup>

**Table 3.2: Complementary and Alternative Therapies Practised in New Zealand (numbers in brackets indicate categorisation group)**

Action potential stimulation therapy (5)	Intuitive healing (2)
Acupuncture (1)	Iridology (2)
Alexander technique (4)	Isopathy (5)
Anthroposophical medicine (1)	Jin Shin Jyutsu (4)
Applied Feng Shui (5)	Kinesiology (4)
Applied iridology	Maharishi's Vedic approach to health
Aromatherapy (3)	(Maharishi Ayur-Veda) (1)
Aura-soma colour therapy (5)	Massage (therapeutic and remedial) (4)
Ayurveda (1)	Medical herbalism (3)
Bach flower remedies (2)	Medium channel / intuitive healer / medium (2)
Bio energy therapy (5)	Natural healing sciences (1)
Biological medicine (3)	Naturopathy (1)
Body electronics (5)	Neurofeedback (EEG biofeedback) (2)
Bowen therapy (4)	Neuro-linguistic kinesiology (2)
Caeteris body/mind energy balancing (2)	Neuro-linguistic programming (NLP) (2)
Chi Kung (5)	Oriental massage (4)
Chinese herbal medicine (1)	Ortho-bionomy (4)
Chiropractic (4)	Osteopathy (4)
Colon hydrotherapy (4)	Paramedical aesthetics and aesthetic medicine (1)
Colour therapy (5)	Pacific traditional healing modalities (1)
Craniosacral therapy (4)	Pilates based body conditioning (4)
Crystal therapy (5)	Primal healing (1)
Dynamic phytotherapy (3)	Psychotherapy (2)
Educational kinesiology (4)	Rebirthing (2)
Feldenkrais (4)	Reflexology (4)
Flower essence therapy (5)	Reiki (5)
Gentle therapeutic manipulation therapy (4)	Rife therapy (3)
Hellerwork (4)	Rolfing (structural integration) (4)
Herbal medicine (3)	Sclerology (1)
Holistic animal therapy (1)	Shiatsu (4)
Holistic pulsing (4)	Spiritual healing (2)
Homoeobotanical therapy (3)	Sports therapy (4)
Homoeopathy (1)	Touch for health (4)
Human potential (2)	Traditional Chinese medicine (1)
Hypnotherapy (2)	Vegatest method (3)
Ifas (5)	

<sup>8</sup> This list will be amended as the Committee becomes aware of new modalities.

<sup>9</sup> Sources include the Telecom New Zealand Yellow Pages (<http://www.yellowpages.co.nz/>), various newspaper and journal articles, and personal communications.

## 4 Summary of Conclusions

The Ministerial Advisory Committee on Complementary and Alternative Health has decided upon the following:

- To adopt the term 'complementary and alternative medicine' (CAM) for the purposes of its work, defined as follows (O'Connor et al 1997), and recommends that it also be adopted by others:

'Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being.'

- To adopt the term 'biomedicine' to describe the medical paradigm for the purposes of its work.
- To adopt the NCCAM model of categorisation as the basis for a New Zealand model for the purposes of its work. This model, adapted to suit those modalities practised in New Zealand, is shown in Table 3.1.

## Appendix I: Membership of the Ministerial Advisory Committee on Complementary and Alternative Health

Professor Peggy Koopman-Boyden (Chair)

David Holden

Dr Rhys Jones

Melva Martin

James McNeill

Janine Randle

Marilyn Wright

### **Secretariat**

Amanda Bowens

#### **To contact the Ministerial Advisory Committee on Complementary and Alternative Health:**

Telephone (04) 496 2089

Fax (04) 496 2340

Email: [amanda\\_bowens@moh.govt.nz](mailto:amanda_bowens@moh.govt.nz)

Website: <http://www.moh.govt.nz/maccacah.htm>

Postal address: PO Box 5013, Wellington

## Appendix II: Definitions of Key Terms<sup>10</sup>

Allopathy	The treatment of disease by conventional means, ie, with drugs having opposite effects to the symptoms (cf. homoeopathy).
Alternative	<b>Adjective</b> <ol style="list-style-type: none"><li>(Of one or more things) available or usable instead of another (an alternative route). Use with reference to more than two options (eg, many alternative methods) is common, and acceptable.</li><li>(Of two things) mutually exclusive.</li><li>Of or relating to practices that offer a substitute for the conventional ones (alternative medicine, alternative theatre).</li></ol> <b>Noun</b> <ol style="list-style-type: none"><li>Any of two or more possibilities.</li><li>The freedom or opportunity to choose between two or more things (I had no alternative but to go).</li></ol>
Complementary	<ol style="list-style-type: none"><li>Completing, forming a complement.</li><li>(Of two or more things) complementing each other.</li></ol>
Natural	<ol style="list-style-type: none"><li><ol style="list-style-type: none"><li>Existing in or caused by nature; not artificial (natural landscape)</li><li>Uncultivated; wild (existing in its natural state)</li></ol></li><li>In the course of nature; not exceptional or miraculous ...</li></ol>
Medicine	<ol style="list-style-type: none"><li>The science or practice of the diagnosis, treatment, and prevention of disease, especially as distinct from surgical methods.</li><li>Any drug or preparation used for the treatment or prevention of disease, especially one taken by mouth.</li><li>A spell, charm, or fetish which is thought to cure afflictions.</li></ol>
Therapy	<ol style="list-style-type: none"><li>The treatment of physical or mental disorders, other than by surgery.</li><li>A particular type of such treatment.</li></ol>

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<sup>10</sup> All definitions are from R.E Allen (ed.). 1991. *The Concise Oxford Dictionary*. Oxford: Clarendon Press.

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