



Diverse perspectives on health and illness

Alternative and complimentary therapies

Presenter

Complementary and alternative therapies.

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You will hear from three practitioners who talk about the philosophy behind the therapies they use, and the techniques involved, punctuated with a variety of opinions collected at an alternative health fare. First, Calder Bendal, a herbalist, talks about his work, both in the NHS, and in private practice.

Calder Bendal

I suppose I hold true, some of the basic tenets about holistic medicine, in terms of, treating a person rather than a named condition. So that different people with the same named condition will get different approaches to treatment. A belief that the body can get itself better, and that I'm actually helping along those lines, rather than making it do something with an enforced kind of chemical or physical action. So, for example if somebody's got a bacterial infection, if they would see a doctor, the doctor would give them something like antibiotics to kill the bug. I'd give them something to increase the efficiency of their immune system, increase white blood cell count etc. so that the body's actually doing it itself, and by that mechanism actually being a bit more specific in the long run, about what it's tackling. When somebody comes to see me for the first time, I talk to them, introduce myself and whatever. I take a full case history, which is very much like, somebody may be asked, upon admission to hospital.

So, I'll talk about what's actually going on with their presenting complaint, what makes it better what makes it worse, but trying to get through a standard set of questions, just a background to how their body is functioning in all sorts of places and on all sorts of levels. I see people for the first consultation for about an hour, subsequently I see them for about half an hour. That actually gives me space to begin to contact them as an individual I suppose, and to maybe make space for finding out what's going on emotionally or, whatever in the background of things as well. Which may be important for some people and not important for others. At the end of that time, I'll make up a medicine for them. I keep a repertoire of about just over a hundred herbs, in tincture form. Tincture's a liquid form of medicine. In the prescriptions that I give they probably have about five different herbs, and giving them in liquid form, means I can mix a convenient mixture for people to take. I suppose always I'm doing a kind of diagnostic appraisal of somebody on two levels. One, is the sort of physiological angle, or maybe a pathological angle, I'm looking at somebody saying, what's actually going wrong with this person, what can I do to nudge their physiology back onto line and make it work properly. So I'm working very much in a kind of western science analytical mode. When I've got that far, I come up with a range of herbs. It might be one thing is applicable to that, in which case it's straight forward, but it may be twenty different things, all different combinations, and then there's a kind of artistic appraisal and think oh right this person fits with that herb, and it's completely subjective. I'm at completely the opposite end doing something like herbal medicine, more so than maybe somebody doing homeopathy or something else in that, there's always a do it yourself element of herbal medicine. There's a lot of popular books you can out and read one and say hey, daisies dandelion and you can go and pick it off your lawn. I'm governed by a certain set of regulations in terms of medicines that I can give out, especially the dodgy ones. Because some of the things I do use are actually deadly, given in the right amounts. But the other side, going back to the thing about it being a kind of self help medicine as well. One thing is, that I don't think you can stop it, in terms of people having free access to things that are growing in the countryside or their own gardens, and too, I don't think there should be. I kind of come from some sort of anarchist politics, and say if people want to take it they can take it basically.

Woman (Vox Pop)

What I do is I use reiki to help myself. I was introduced to it about four years ago, and I have actually been through quite a bit of trauma, and I was feeling about ten years older than what I should have been at the time, and I was introduced to reiki, and what reiki does, is it really renews your energy. You actually go to a seminar, where you will have reiki attunements, and these attunements literally attune you to the universal life force. It's rather like a radio, that hasn't been tuned in, and a good reiki master will tune you right into the station, so that the universal life force will come through clearly.

Presenter

Kath Ryon is a nurse working in an NHS hospital, she describes how she uses aromatherapy massage with her patients.

Kath

I used to see a lot of patients, and you know you'd be giving them pain killers after theatre, and a lot of them themselves would be asking if you'd got anything else, I don't really want pain killers, they make me feel ill, they get me constipated, make me feel nauseated, is there nothing else, and I began to have a look round to see what else was available, and I stumbled across aromatherapy and got hooked, and I found it very very fascinating, because a lot of people just associate aromatherapy with massage and a pleasurable experience, but in actual fact, when you actually look down into aromatherapy, the oils are a mass of complex chemicals, which actually respond in the body, helping with healing, pain relief, antiemetic properties, so there's like a vast array around it in a natural pharmacy, that we could be utilizing to help with general well being.

A lot of it is anxiety, prior to going to theatre. So we sort of help to calm and relax the patients. Some patients you'll find, because they're so anxious, will have a raised blood pressure, so obviously the massage and a combination of certain oils will help reduce the blood pressure, and also give them a calming effect, so that they go to theatre a lot happier, and also you find that then, they seem to have a lot less pain following theatre, and need less analgesic.

I tend to use the same mix as the pre-operative medication, for the massage that I use. I obviously do a detailed history on each patient first, just to ensure that there is nothing that I would be doing that could cause them further problems, that they'd have no allergies, that they're on no medication for serious heart problems, things like that. You know you really look into it, and obviously you need to know the possible side effects of the oils that you're using, so that if somebody said oh you know, I've got really low blood pressure, for example, you would have to be careful, that you obviously didn't do something that would make that even lower, because too low is obviously as bad as having one that's too high. So you need to make sure that it'll be a balance, and a calming effect on the people.

Man (Vox Pop)

Doctors believe that maybe eighty percent of the people they see at a general practice surgery, are suffering from stress related problems, and because, when you practice transcendental meditation, although it's purely a mental technique, the body is profoundly affected. It's been shown that in fifteen or twenty minutes practice of T.M. you get a state of rest which is uniquely different, and deeper than, sleep.

Presenter

David Brittain is a former GP, who has moved into homeopathy, and now practices privately. He begins by talking about his homeopathic work, and then goes on to explain how he uses dowsing as a means of diagnosis.

David Brittain

Homeopathy has developed over the last hundred years or so, and the idea behind it was, that when it's in tiny tiny doses actually stimulates a response to that illness, and puts it right, and being such a tiny dose, it's completely harmless to the patient. The idea is that it works, not on a chemical level, but on a sort of vibrational level, more on the electromagnetism sort of, side of the spectrum. Everything has its own energy, it's an energy pattern, and if you get the right energy pattern, you can have an effect on an illness. It's just in orthodox homeopathy, one trains to learn those particular patterns of illness. So, with practice, with

seeing patients and over the years, you can recognise when somebody fits into a certain, what they call a 'drug picture', and you can work out a constitutional remedy for them, so that it will lift their energy, and some of the remedies are very wide range, broad spectrum, and they would be able to treat you generally. They'd be used for all kinds of illnesses.

You can make homeopathic remedies, not by the old fashioned way of dilution and shaking and dilution and shaking, but by using, a little electronic device which actually imprints the tablets with the frequency of the of the remedy, and I've got one that's how I practice, I've got a little machine that you twiddle the knobs, and if you want to make the equivalent of arnica for instance, you would dial in, eight six eight seven, that is a sort of, the understood frequency, and it works in exactly the same way.

I'm not sure if anybody really knows how dowsing works, but the fact is, that it does, and dowsing is completely accepted in the field of finding water, and a skilled dowser will be more affective than any kind of expensive machinery that you can buy. It works also in the field of human health. The water diviner has to have the intention of finding water, with medical dowsing you have the intention of asking the questions, as if you were phoning them up. There is a yes or a no, and, for a yes, you'd get a little pull. The dowsing diagnoses, and also helps you to find exactly the right frequency in the homeopathic remedy that is appropriate for that person. So it actually gets rid of the 'hit and miss' thing. This is why I like it so much because, you could talk, which is the classical way of homeopathy, you can talk for a long time, and come up with a remedy that feels right, but you've spent a long time getting there, and you may miss things, especially thing like toxins, and deeply unconscious traumas, which the person doesn't even remember.

When I first came across this, I had a big tongue in my cheek, and I couldn't accept it. But with practice, it is a very, very accurate way of analysing somebody's problem. So you analyse the problem, you find out what the underlying cause is, and very often that in itself, is enough to help the patient begin to help themselves, because they they gain an awareness of the problem. When I first started, I got a lot of false readings, a lot of 'nos' when it should have been 'yes' and, vice versa. So you have to practice. Some people are naturals, and some people, can't do it. But if you believe you can, I think you can. It's like learning an instrument, you know when you first learn the violin for instance, you're going to get lots of bum notes. It'll be years before you play it properly.

Presenter

Calder Bendle, Cath Lloyd and David Brittain, now talk about the relationship of the work they do to the NHS. Calder, a herbalist, compares his one day a week in an NHS general practice to his private practice.

Calder Bendle

When I began work, I think one, I was un-confident, and wouldn't have had much nerve to kind of engage with the orthodox profession very much, but secondly they wouldn't have been very interested in me, only ten years ago, and now I'm at a position where, I work a couple of sessions a week within an NHS practice. I've got a colleague who's an acupuncturist who does a similar thing within another practice in Sheffield, and there are a number of differences. Some I find quite hard to voice, it's something I'm kind of still learning I think, I've only been working in the NHS practice for a year.

The patients in the NHS practice hate my medicines. That's almost universal, they really hate the taste. And that's kind of interesting thing that just hasn't happened with people who are paying for the service. Paying patients come back now and again and say 'oh, tastes a bit rough', but I've had sort of big men with tattoos sort of slamming the bottles down on the counter at the NHS, saying 'this bloody stuff!' and threatening to hit me. In terms of the work I do privately I'd say that, I see patients across the board but, the core of my practice is, middle aged working class women, and that's working class in employment or husbands in employment, rather than, unemployed, and that's been kind of interesting. So I'd, I've got an idea about where I work there. When I work in the NHS, there's a high proportion of unemployed people there. I'd imagine about eighty percent of the prescriptions I write are free, they're not charged for, at least not directly to the recipient. I write a prescription, it gets signed by a doctor, we fax the prescriptions through.

We had some problems with local chemists, not wanting to stock the stuff, I think as much for space and storage reasons as anything else, but also maybe problems with dealing with it. We found a pharmacist who was amenable, who's been doing the job long enough that he

actually remembers doing some of these things before, and it's actually made his job interesting, because, as he expresses it, pharmacy in a chemist shop's got quite boring in terms of just counting out pills. I see patients there for forty minutes for a new consultation of twenty minutes follow up which sometimes is completely adequate, but sometimes it's not possible for me to do the job as well as I could here. It varies with what people come with. I mean, sometimes something is very straight forward and, it's directly physical, but I'm seeing quite a lot of people that have got, social problems and emotional problems in the background, of what's going on with the body.

Having said that, I get a lot longer than the doctors usually a lot for an appointment, which means I get a lot of stories coming out to me which wouldn't normally get airing, and that's actually in common with my work here, and in the NHS. In that I get a lot of stories told to me, people saying 'well, I don't know if this really relates to my bad knee, but I haven't told anybody this for thirty years'. Is that somewhere along the line that's a kind of healing along the way as well.

Presenter

Kath describes how she combines her aromatherapy work with her conventional NHS work.

Kath

It wasn't that difficult to introduce it, because there was a lot of interesting complementary therapies within nursing, itself from the Royal College of Nursing. There was a lot of support there. Working on the ward environment it was the practicalities that were more of a problem, and the financing of it. Well we're trying to raise funds for the hospital in general for refurbishment and various other aspects of the building. Various companies were offering forms of sponsorship for various parts of the hospital, and one of the companies, the TSB, offered sponsorship, for something that was not normally found within the NHS, and that wouldn't be funded by them, but would be of benefit to the patients, and would involve a research project. So we just fitted into the category very nicely with the aromatherapy, put in a bid, and actually won funding for three years from the TSB.

The consultants I must say were absolutely brilliant, very supportive. There was the odd one that made a joke, 'oh nothing happens by smells', but once I'd sort of convinced them that it was more than a smell that this was actually a natural pharmacy, and had you know very powerful chemical compounds that we were using, they were sort of a bit more open minded. And, until I was actually given time to do it, the time I used to do the aromatherapy, tended to be my own time anyway, and it was sort of like, I gave the time willingly, to prove its value, and as people got more interested in it, and the anaesthetist was the first really to catch on, how beneficial, and they will still in come to me and say 'oh Kath this patient's got a high blood pressure, can you do anything, you know so we don't have to cancel her'. So, I used to say 'right okay', and I'd work it into my schedule for the day, so that I didn't neglect any other part of my duties as a nurse, that all of my patient care came first, and then the aromatherapy always had to be sort of like second. Quite difficult juggling it all together, but it can be done.

Presenter

David left the NHS to become a private homeopathic therapist. He explains why.

David Brittain

I went to Africa after medical school for a bit, and then I did the G.P. training, which is another three years. Then I went and worked in Australia for a year, doing the doctors deputising service being driven around, like a GP in Sydney, and then I came back and did ten years in general practice, and then I was beginning to, I knew for a long time that there was something out there. So then I went and did the iridology, and from the iridology I met somebody who, pointed me in the direction to homeopathy, and I did a six month course for GPs. So I got six months out of general practice, at the Royal London Homeopathic Hospital. So it was quite an intensive course, and we worked with GPs that had studied homeopathy and then were using it in practice, and we saw patients in the wards.

During that time, I realised, I mean the idea of going there to begin with was that I should take it back into general practice, but I realised how time consuming it was, and I, in that six months I realised how effective homeopathy is. So, I made the change, and realised that I could slow down, and enjoy life a lot more. It's more interesting than life ever used to be when I was, when I was in general practice. I mean I'm glad I did the medical training,

because you can see how the anatomy or the physiology all work in, and the relevance of it all. You can understand some of the medications that people are on. I just regret a little bit that I stayed in it so long. I remember in general practice that, it did a lot of good by just listening to people, and it was always a shame, when there were two or three people that needed time, to be confronted with a waiting room full of angry stressed people.

So I think it could be wonderfully useful in general practice, if the doctor that was doing it, was allowed to have, much more time to run a sort of integrated homeopathic practice. So, he'd see his patients in the normal way, and he would be allowed time to do his other patients. But it would be hard to fit in, because the other doctors would have to see more patients, and they wouldn't like you very much.

Presenter

But should complementary and alternative therapies be freely available on the NHS?

Woman

I'd quite like to work for the NHS one day doing reiki. Because otherwise it's just rich people who can afford it.

Woman

Was going to try something but I haven't got a hundred pounds on me today so I didn't bother.

David Brittain

It's a shame to take money off people who are in the National Health anyway. Why should they pay more, because they want to try some other technique? It would be just brilliant I think, and doctors would be able to spend more time with patients that they've spent all those years in medical school, learning about. I would love it if I, if people didn't have to pay, and I wouldn't have any worry about calling people back. I'm afraid sometimes I don't call people back because, I'm worried that, I mean this might sound ridiculous, but I'm sometimes worried that they're worried about their pockets, but that's not, I mean it really, it should be up to them. I think the more complementary medicine we get into general practice, the happier doctors will be, because they'll have a lot of weight taken off them, and yet it's resisted, it's still resisted.

Things are gradually changing because, we've got counsellors coming in to general practice and doing fantastic work, and now there are, osteopaths which are accepted. But the problem is, with a lot of things, for instance, if I were to go and work in a general practice is I'd have to do it all privately. I'd have to pay for the room, and get patients to pay me. I mean I would love it if I could see people on the National Health, using my way and my approach. I feel as if that's, not just round the corner at the moment.

Woman

I really feel that within the NHS, we should be looking at this, and utilising it. Because it is quite a cheap form of medication compared to a lot of the big drugs. There's a lot less side effects I would say, and less severe side effects with them, and I think that, if everybody sort of abandons the ship, and goes private, that, people won't do the research, they won't look at it, they won't find the benefits, and it's for all of the patients involved that you do this, and you think to yourself 'well no, I'm needed to do this here and now, and I'm really enjoying it'. I mean I wish I could do it full time obviously, but within the NHS, because I think there's an awful lot there that we need to look at and learn, and discover again.

Presenter

Calder holds a different view.

Calder Bendle

If somebody has to pay for the medicine they're more likely to get better faster. I've got problems with this in terms of my own politics, and where I come from, and it's something I've fought against I think for a long time, in terms of the contradictions of where I came from and my own motivations, and somehow ending up in private medicine, and when I first went to work, I spent a lot of time, especially pensioners and people on the dole, giving free consultations, and giving medicine, often below cost price, and partly I think I was being abused, because there were some people who were unemployed and they were on the dole,

but I found they had big savings, and they'd drive up in a big jag or something. But partly I began to realise some sort of function in people actually valuing the time and paying for it. I had the same sort of thing, when I was teaching a evening class for the WEA, paying for something is one measure of commitment, and it's something about valuing people's time, both that they give to it and that I give to them. And, I certainly get people within the NHS that say, 'yeah, I want to see a herbalist, I don't want any of this stuff'. Maybe a kind of complete thing, or a block against orthodox medicine, and if that's useful to me, I can use it as a kind of energy in terms of a commitment to me and get themselves better. But overall, that relationship's quite clear I think.

Presenter

Kath gives her views as an aromatherapist of evidence of the effectiveness of complementary and alternative therapies.

Kath

We're going to be doing a randomised control trial, and we'll be looking at four specific groups. Those that have massage with aromatherapy. Those that just have massage, those that just inhale the oils, and, the general control where, they have just a lecture, you sort of talk to them, and say 'oh well you know', your usual preamble before theatre check, if they've got any anxieties or worries, and then monitor all groups checking blood pressure on them. Various blood levels, and blood glucose levels as well, and seeing what the response in each group is, and seeing whether, in actual fact, the ones with the aromatherapy do come out better, or whether it's just a general comforting of the person that actually helps. So we want to sort of, really sort of look at it and find out what it is that makes such a difference. We need to prove the value of aromatherapy by doing the research projects, and obviously you've to go through your medical ethics committee, you have to get permission from the medicine control agency because, essential oils are not a licensed drug, and to do a trial, you need drugs to be licensed. So you have to get exemption certificates for that. I have to have a doctor to say he will back the trial, because they will only give permission to the doctor to do the trial not the nurse. So, it's all sort of stumbling blocks like that that you encounter.

Well we will do a lot of actual physical recordings and, we will have a questionnaire for the patients as well, so that they can tell us how their personal experience was, and we can match that in with the results that we have from blood, and obviously blood pressure readings and stuff like that, and sort of see you know what we come up with.

Presenter

David left the NHS, to practice homeopathy.

David Brittain

I'm sort of unscientific about my evaluation. People come back and tell me they're better, or phone up or, it's just an ongoing thing, and you can get a sense of, if people are getting better or not. I think if people didn't get better I would have gone straight back to orthodox medicine. There are definitely trials that have been done. It's always very difficult to do homeopathy trials because in homeopathy you're taking every individual, and everybody's different, so they wouldn't all get the same treatment. I can think of one which was done with osteoarthritis sufferers, and, it was a double blind trial, that showed that homeopathy was statistically affective, and the idea was that, that homeopathic doctor, worked out the remedy for each person's particular arthritis, and, some of those patients were given homeopathy, and some of them were given just aspirin, and neither the doctor or the patient knew which one was having homeopathy and which one were having aspirins, and there was a definite statistical improvement with homeopathy over the people on the placebo.

Presenter

And finally, Calder a herbalist.

Calder Bendle

I've always evaluated my own work privately. I've been aware that I'm in a position where, I don't have a boss or an overseer, and I'm wary of people in positions like that kidding themselves that they're actually doing a good job, when maybe they're not, and sometimes

that can actually happen with a patient, they can come and say oh great, they can have a nice meaningful dialogue with you and go out the room feeling great, but the physiological thing hasn't got that much better. So, all the time I've been practising I've always pulled out my notes and done some form of assessment about how well I'm actually doing. And, as I've gone on, I suppose I've learnt a bit more about audit and a bit more about more systemised ways of going about that.

In the NHS practice, there's an outside consultant who's kind of coming in to check over what I'm doing. There's a doctor, and another person who works in the practice, overseeing what I do, and all my work there is audited. I'm used to getting to a point in my notes where I say, 100% better, discharged, and because I've said to them, I want you back in three weeks time. I get to that position where I can write, they've got better, or they haven't in which case I carry on seeing them, or refer them on somewhere else. But you don't see recovered, written on NHS notes, there's never any kind of reflection that people have actually got better. Certainly there's a call back when people have had blood tests, or they say I want to see you in a month and just check how you're going. But you don't see written down, you know, 'healed over, better'. Apart from odd things like wounds and cuts and things like that, where they're gone to see nurses.