



Guided Imagery and Other Forms of Alternative Medicine — Trend or Aberration? Where Does it Fit in Your Practice?

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The article by Diane L. Tusek concerning guided imagery serves to portray a growing trend among some clinicians and patients — a trend to employ unconventional methods of therapy in the healing process. It is reported that the public is increasingly interested in complementary and alternative treatments with varying forms of unconventional therapy being utilized by approximately 83 million people in the United States in 1997.^{1,2}

Indeed, the presence of alternative medicine in western culture has been well documented.^{3,4} With the current debate focused on the efficacy of the therapies and comparison to conventional medical approaches, one could object that guided imagery and other alternative therapies are little more than emotional placebos, brilliant contrivances playing upon the vulnerability of belief systems or preconceptions. Are these therapies real? Are they examples of outrageous gimmickry or are they touching evocations of healing reality resulting in human beneficence? While the extent to which

these practices have clinical efficacy according to rigid biomedical testing criteria is a matter of ongoing research and debate, it may well be that independent of the outcome of those controlled clinical trials, the attraction of alternative medicine is related to the power of shared beliefs and cultural assumptions.⁴ Kaptchuk and Eisenberg provide a very nice and useful discussion of the purported fundamental premises underlying alternative therapies; namely, an advocacy of the benevolent power and sense of nature, the unifying power of vitalism — a friendly, less rigorous but optimistic subjective “science” base, and a connection to spirituality that permeates all of these therapies. The practitioner utilizing these therapies would be wise to become familiar with these “physiologies.” Having said so, let’s pursue the next logical question.

Where does guided imagery fit into your practice, especially if you are the product of a classical medical educational experience that is founded in rigorous challenge, critique and belief in controlled scientific trials as a basis for promoting a therapy or treatment modality? Granted, although we have numerous examples of wholesale endorsement of treatments that often fall shy of the rigors of controlled trials, it may not feel right to rush to adopt avant garde practice habits not viewed as mainstream. Nonetheless, patients seem to be seeking many of these therapies and parenthetically

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paying for them out of their pocket at more than wholesale rates. Is there perhaps room in each of our practices for some form of complementary or alternative therapy?

Assuming the answer to the previous question to be affirmative, what guidelines can one use in evaluating an alternative therapy approach and considering its use in one's practice? I put the following before you for your consideration:

- 1) If you are to understand current patient responses and our own professional needs, it is necessary to understand the great traditions of thought and tenets of our profession and science that have informed our teachers and determined the deeds of those who came before us. At the heart of these traditions was a necessity to be a patient advocate and a dictum to do no harm.
- 2) If we are to meet our responsibilities as patient advocates and assist in the application of our healing skills, we need to free our minds and hearts from unexamined commitments and unquestioning allegiance to methodologies that have become ingrained in our current practice. Such freedom allows us to consider other treatment possibilities for enhancing the lives of our patients and to achieve a sympathetic understanding of those who may have differing needs. In short, after careful evaluation, we may find merit in applying a balance between conventional and complimentary therapies for any given patient.
- 3) We should be prepared to assist our patients in making proper choices. If there is a message that has come through loud and clear over the last five years throughout the attempt to reorganize our health system, it is that our society and our patients put a premium on choice. Consistent with our traditions, we

need to provide our patients with an educated and properly guided opportunity to choose treatment modalities and treatment formats that meet their needs and assist in the healing process.

In conclusion, it might be said that as people committed to healing, we are part of a stream of human experience that is broad and deep. Whatever the current shortcomings of conventional medicine and whatever the deficits of alternative therapies, in any given setting we must apply our knowledge and our science in responsible fashion for those who seek our care. We must search continually for the right balance between the various healing therapies. Quackery and gimmickry need to be shunned. However, there are the kernels of beneficial treatment in alternative therapies which need to be explored and applied appropriately. Indeed, perhaps the true appeal of complementary and alternative medicine results from a more sincere desire for the successful application of the art of medicine in addition to the science.

"The true polypharmacy is the skillful combination of remedies"

— Sir William Osler; The Treatment of Disease, British Medical Journal (July 24, 1909)

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