Eliot Scott
Professor Everett
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Alternatives to Biomedicine in the US:

The Responses of Acupuncture and Chiropractic to Biomedical Hegemony

What is alternative medicine? Medical doctors Phil Fontanarosa and George Lundberg state boldly in the Journal of the American Medical Association "There is no alternative medicine" (1998: 1618). If alternative medicine does not exist, why is it that the US public spent between $36 and $47 billion, nearly half of that out of pocket, on what is termed "Complementary and Alternative Medicine", or CAM, in the year 1997 alone? The fact that out of pocket expense on CAM was more than the out of pocket expense on hospitalizations that year shows that the US public is indeed interested in alternative medicine (Barnes 2003: 1). Alternative medicine is a booming business in America and explanations for the phenomena are numerous including marketing, the Internet and perhaps most prominently – the "dissatisfaction with conventional (western) medicine" (Barnes 2003: 1). One suggestion of this dissatisfaction is that it arises from an inability of "conventional" medicine to treat chronic illnesses. The US Department of Health and Human Services Centers for Disease Control suggests that the majority of people use non-conventional therapies as complements as opposed to alternatives (Barnes 2003: 2). What is lacking from this report is of course what exactly "conventional" medicine is.

When referring to medicine as being an alternative or complement, the question must be asked what is the medicine an alternative or complement to? The Office of

Alternative Medicine states “Complementary and alternative medicine 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*” (Adler 2002: 412, emphasis in original). In the United States, the politically dominant health system in the present era is unquestionably biomedicine. The hegemony of biomedicine in the US is so ingrained in American culture that a definition of “conventional” medicine as biomedicine is often neglected, as it was in CDC report. "In the US hierarchical medical system, one and only one subsystem, biomedicine, enjoys preeminence and, with the support of social elites, attempts to exert dominance over subordinate medical subsystems” (Baer 1995: 501).

All medicine in the US is subject to scientific biomedical critique and scrutiny, yet biomedicine itself is immune from criticism from non-biomedical perspectives. Drs. Fontanarosa and Lundberg continue, “There is only scientifically proven, evidence-based medicine supported by solid data or unproven medicine for which scientific evidence is lacking” (1998: 1618). Requiring non-biomedicines to be put to scientific biomedical tests to obtain socio-political and cultural legitimacy, rather than testing them through the philosophies on which they are based, causes non-biomedical traditions to cater to the hegemony of biomedicine in America. One might ask for example why biomedicine is not tested based on the medical systems of Native Americans?

The domination of biomedicine in American culture required a concerted political effort on the part of the American Medical Association to marginalize other traditions in a medically pluralistic society. This has subsequently recategorized them as alternative

and complementary therapies, rather than medicines in their own right. The deliberate socio-political construction of non-biomedicines by the AMA as alternatives and complements has had profound affects on these medical traditions, which must socially and politically justify themselves as legitimate modes of healing according to biomedical principles.

Two popular non-biomedical traditions, chiropractic and acupuncture, have asserted themselves as legitimate alternatives and complements to biomedicine. This legitimation has come after concerted political and social efforts on the part of these traditions in the face of meticulous criticism on the part of biomedicine. Yet in their assertion and legitimating processes in the US socio-political landscape, both have had to adapt philosophically and ethically to biomedical hegemony to gain socio-political and cultural acceptance in the United States.

Chiropractic medicine is the “most widespread form of alternative medicine in the United States” (Baer 1996:29). The healing tradition is native to the United States, originating in Davenport, Iowa from the divine revelation of Daniel David Palmer. It involves the manual manipulation of the body to restore health and drew upon magnetic healing, spiritualism and bone-setting techniques and theories. Palmer learned of manual medicine from Dr. Jim Atkinson, who traced its roots to antiquity. Palmer’s explanatory model of disease, the cause of disease, was that it emanated from “’subluxations’ or spinal displacements.” The “subluxations result in interference with neural transmission, which in turn triggers dysfunctions in various bodily organs. Spinal adjustment restores the normal ‘nerve force’ and health ensues” (Baer 1987:177). This philosophy encompassed the totality of the person and constituted an entire medical

philosophical system. Adjusting a patient's spine could cure illnesses by restoring the balance of nerve force within the patient. Palmer's first chiropractic treatment in 1895 reportedly cured a janitor of seventeen-year deafness. Two years later, instruction began at the Palmer Infirmary and Chiropractic Institute.

By 1910, established physicians were lobbying for licensing laws and science examinations to eliminate or restrict practitioners of non-scientific medicine, including chiropractic. Chiropractors were "arrested and jailed for allegedly practicing medicine without a license during the first three decades of the 20th century" (Baer 1996: 35). The AMA "under the leadership of Morris Fishbein…from 1924 to 1949, lead a 50 year anti-chiropractic campaign in both professional publications and the public media." (Grisanti) The AMA established a Committee on Quackery in 1962 (Baer 1987:186), and according to Ronald Grisanti D.C, the committee "considered its prime mission to be, first, the containment of chiropractic and, ultimately, the elimination of chiropractic". Chiropractors filed anti-trust suits against the AMA in the late 1970's and early 1980's and the AMA was found guilty of an illegal conspiracy against chiropractic in 1990 (Grisanti, RAND). They attained limited practice rights in all 50 states in 1974 (Baer 1987:178). Although the chiropractors have survived the "virulent attacks of organized biomedicine, an undercurrent of antagonism still exists between the two professions" (Baer 1987:187), though Dr. Roger Scott D.C. notes that he holds no ill will toward individual biomedical physicians, as they received what they thought to be valid information from the AMA.

Chiropractic practitioners have tended to be dissenters from biomedicine, believing they had discovered a higher medical truth (Baer 1987: 185). However, in the

socio-political legitimation of chiropractic medicine, it has had to converge with biomedicine (Baer 1987:178-9). Chiropractic has now “incorporated the disease theory of biomedicine” and has modified its curriculum to prepare students to pass science examinations and meet government licensing requirements (Baer 1987:189). According to Dr. Scott D.C. there has also been increasingly frequent collaboration of biomedical physicians and chiropractors over the last decade including referrals from the former to the latter and vice versa, although biomedical physicians often prefer to send their patients to physical therapists as they have more control over both the patient and the therapist in that context. Chiropractors are however, obligated to send patients who do not improve to biomedical orthopedic and neurosurgeons.

In order to achieve socio-political legitimacy, chiropractic has established “schools, professional associations, patient support groups and concerted lobbying campaigns” (Baer 1996:30). Lobbying campaigns to state and federal governments and insurers conducted by both patients and unions were instrumental in the legitimating process (Baer 1987: 182). “Despite the effectiveness of lobbying as a strategy for achieving social recognition, chiropractic remains a marginalized profession. Chiropractors have limited practice rights and have for the most part been relegated to serving as musculoskeletal specialists, despite the desire on the part of many of them to function as drugless comprehensive practitioners” (Baer 1996: 39). Despite its origins as a comprehensive health care system, chiropractors are now considered to be specialists who can complement biomedical practitioners. Prior to 1960, several chiropractic hospitals existed to give patients comprehensive care but the economic maintenance of these hospitals without the benefit of government or insurance company

support was difficult. “The widespread disappearance of chiropractic hospitals since 1960 has had a great deal to do with [the] specialization of function” (Baer 1987: 183). The demise of these hospitals has prevented chiropractic from being a comprehensive health care system.

The chiropractors role as a spinal specialist is much more restricted than what was envisioned by Palmer. They obtained limited legitimacy transitioning from drugless general practice to musculoskeletal specialists. (Baer 1995:497). Although licensing laws helped with socio-political legitimacy, many chiropractors viewed them as a hindrance from a broader medical practice. (Baer 1995: 497). In fact, Dr. Scott asserts that the vast majorities of his patients visit him solely for back and neck pain, with very few coming in because they simply don’t feel well. The hegemony of biomedicine in the United States has served to relegate chiropractic to a specialized complementary role to biomedicine as musculoskeletal specialists.

In contrast to chiropractic, acupuncture has only recently become utilized by mainstream American society. Acupuncture is a part of the Chinese medical system, which originated in China between two and five thousand years ago (Hare 32). Although acupuncture has been practiced in the US since the arrival of Chinese immigrants, it was not widely utilized by other Americans until the 1970’s. The version that reached the United States in the 1970’s is a Maoist version called Traditional Chinese Medicine or TCM. It developed during the Chinese Revolution and sought to remove spiritual elements from Chinese medicine, perhaps in response to Western colonial and scientific hegemony. Several other versions have appeared in the US recently including the Five Elements School that seeks a balance between the five spiritual elements that

make up the human constitution (Marsh 2005), though this practice has not gained widespread use or acceptance. The vast majority of acupuncture practiced in the United States is based on TCM.

"Acupuncture focuses on a holistic, energy-based approach to patient rather than a disease oriented diagnostic and treatment model" (NIH 1998: 1520). Chinese medicine rejects the fragmentation of the body from the mind and the body into parts (Hare 34) and rather posits a holistic theory of channels that interrelate with one another. The fundamental premises of acupuncture and Chinese medicine are based on the doctrine of *qi*. *Qi* is the energy or life force of an individual separated into a *yin* and *yang* energy that must be balanced to maintain health. Balancing the energy with acupuncture is achieved by inserting needles at specific points on the channels that flow around the body. If a channel is blocked and energy is not flowing correctly, illness will often occur (Pino, 2005). The insertion of needles by a practitioner into a patient is also viewed as an energy exchange between practitioner and patient. Patients are treated individually on a case-by-case basis and each case is considered unique (Marsh, 2005). In most Chinese medicine, including TCM, herbs and other methods are also used to maintain a patients health.

Conversations with patients who choose Chinese medicine show that it "is a reaction to the disembodiment associated with technological biomedicine" (Hare 34). As a holistic medicine, acupuncture appeals to those who do not wish their bodies to be separated from their mind/spirit and deconstructed into parts. Despite the holistic premises of acupuncture and Chinese medicine, acceptance in the United States has not come without being tested and justified through scientific biomedical methods thus

inherently changing the practice. There is a “rising voice [in] the biomedical community calling for acupuncture and other CAM therapies to meet the same standards of evidence based medicine” as traditional biomedicine. Acupuncture is being coerced into proving “its mettle in the forge of randomized controlled trials” (Hammerschlag 2003: 34). Scientific studies have begun to evaluate the effectiveness of acupuncture as a biomedically legitimate healing method. These studies have involved giving patients fake or “sham” acupuncture treatments in order to evaluate its efficacy. These sham treatments allow the studies to evaluate real treatments for specific diseases and illnesses as the effectiveness of the sham treatments are compared with the real treatments and an efficacy assessment is made on scientific grounds.

Elizabeth Marsh LAc., is a ten-year practitioner of TCM and is participating in a study utilizing sham acupuncture. She prefers not to do the sham treatments as she feels it violates her responsibility to the patient. She feels awful when she has to do it despite the waiver the patients signed knowing they may receive fake treatment. She also feels that the studies are misleading as acupuncture addresses the individual constitution, which is not within objective parameters. She notes that one patient in particular is feeling better while being given sham treatments because that patient is quite isolated and acupuncturists spend up to an hour with each patient. In her assessment, the human contact is aiding the healing of that patient.

“The use of ‘inappropriate’ acupuncture points (those unlikely to be beneficial for the condition being treated) offers the unique advantage of permitting a true double-blind trial” (Hammerschlag 1998: 163-4). Double-blind trials are of course “the biomedical gold standard for assessing efficacy” (Barnes 2005: 250). However, the

socio-political and historical context of these trials is rarely questioned and as Richard Hammerschlag points out the studies are essentially asking, “Is acupuncture an effective biomedical treatment?” (Barnes 2005: 250). Rarely suggested is whether or not research should be done applying Chinese medical paradigms to the studies as opposed to biomedical ones (Barnes 2005: 250), although Hammerschlag believes “the standards of what constitute ‘evidence’ must evolve to better fit the explanatory models and clinical practices of the healthcare that is being sought “(2003: 35). If acupuncture is an energy exchange between practitioner and patient, and each case is entirely unique, objective scientific studies may not be effective in establishing efficacy. Richard Hammerschlag asks, “Is acupuncture effective when delivered as a fixed course of treatment based on biomedical diagnosis?” (1998: 167). The premises of acupuncture and Chinese medicine are in many ways antithetical to those of biomedicine and delivering needles to standardized points to treat illnesses based on a biomedical diagnosis is counterintuitive. Yet due to the socio-political domination of biomedicine in US culture, acupuncture is being forced to adapt itself to objective biomedical paradigms.

The coercion of CAM therapies, including chiropractic and acupuncture, toward biomedical standards of testing is occurring for several economic reasons. With increased use by the American public, often an out of pocket expense, billions of dollars are at stake for biomedical physicians, insurance companies and the US government. With so much at stake for these established authorities in US medical culture, it is not surprising that Dr’s Fontanarosa and Lundberg request that:

> "Physicians, insurance plans, medical centers and hospitals, managed care organizations, and government policymakers should base decisions regarding incorporation of and payment for alternative medicine therapies on evidence based research and objective cost-effectiveness analyses rather than on consumer interest, market demand or competition, well-publicized anecdotal reports or political pressures from well-organized and influential interest groups." (Fontanarosa 1998: 1619).

The biomedical establishment is interested in maintaining its dominance in the health care industry and needs other medical systems to conform to its scientific standards.

Scientific studies have yielded some results with CAM therapies. Chiropractic has become increasingly popular among health policy makers who see it as an inexpensive alternative to biomedicine (Baer 1996: 36), and studies indicate treatment for back disability is more effective and less expensive than biomedical care (Baer 1987: 183). There is also "clear evidence that needle acupuncture is efficacious for adult post operative and chemotherapy nausea" (NIH 1998: 1519) and many chronic health issues. If insurance companies and US health agencies can find inexpensive alternatives to biomedical health care, they will do so, but only if they have been validated according to science-based biomedical standards.

The CDC notes that many CAM therapies "may eventually prove to be low cost health care options for use by the U.S. public" (Barnes 2004: 2). Elizabeth Marsh LAc. states that the majority of her acupuncture patients lack insurance and therefore for her patients, she is already a low cost health care option. Dr. Scott also has very few patients who use insurance for his chiropractic services. Often with those who do, Dr. Scott states that he has trouble obtaining compensation from insurance companies who

claim chiropractic requires too many treatments despite the fact that weekly treatments for months cost far less than surgery and other technology based biomedical treatments and in many cases are more effective. With so many Americans lacking health insurance or finding biomedicine inadequate for many of their basic health needs, the trend toward CAM therapies is likely to continue.

Biomedical physicians “work within the ‘capitalist commodity (industrialized, high-technology, hospital oriented)’ mode of health care,” whereas most chiropractors and acupuncturists “work within the ‘petty commodity (fee-for-service solo practitioners)’ mode of health care” (Baer 1996:41). This allows patients to have individual relationships with their chiropractors and acupuncturists. With increasing numbers of Americans alienated from biomedicine due to philosophical differences, economic issues or simply because they would rather have an individual as a health care provider as opposed to a corporation; Americans are increasingly likely to turn to alternative and complementary therapies to fulfill their health needs. However, the dominance of biomedicine in the socio-political landscape of the US is preventing or altering alternative medicines from giving basic primary care according to their own philosophies. It remains to be seen how far biomedical hegemony is likely to continue in this landscape. With a culture and society heavily based and dependent on science, the domination is likely to continue. Yet with increasing numbers lacking health insurance and biomedical costs soaring, it would seem likely that many will increasingly turn toward CAM for basic health care. If the number of patients in CAM therapies were to outnumber those in biomedical therapies, then the hegemony of biomedicine may truly

be challenged and perhaps it would become one form of Complementary and Alternative Medicine in a truly medically pluralistic society.

Reference Page

Adler, Shelley
1999 Complementary and Alternative Medicine Use among Women with Breast Cancer Medical Anthropology Quarterly, 13(2): 214-222.

Adler, Shelley
2002 Integrative Medicine and Culture: Toward an Anthropology of CAM. Medical Anthropology Quarterly, 16(4): 412-414.

Baer, Hans A.
1987 Divergence and Convergence in Two Systems of Manual Medicine: Osteopathy and Chiropractic in the United States. Medical Anthropology Quarterly, 1(2): 176-193.

Baer, Hans A.
1995 Medical Pluralism in the United States: A Review. Medical Anthropology Quarterly, 9(4): 493-502.

Baer, Hans A.
1996 Practice-Building Seminars in Chiropractic: A Petit Bourgeois Response to Biomedical Domination. Medical Anthropology Quarterly, 10(1): 29-44.

Baer, Hans A.
2000 The Sociopolitical Status of US Naturopathy at the Dawn of the 21st Century. Medical Anthropology Quarterly, 15(3): 329-346.

Baer, Hans A.
2002 The Growing Interest of Biomedicine in Complementary and Alternative Medicine: A Critical Perspective. Medical Anthropology Quarterly, 16(4): 403-405.

Barnes, Linda L.
2005 American Acupuncture and Efficacy: Meanings and their Points of Insertion. Medical Anthropology Quarterly, 19(3): 239-266.

Barnes, Patricia M.
2003 Complementary and Alternative Medicine Use Among Adults: United States, 2002. Advance Data From Vital and Health Statistics – US Department of Health and Human Services, 343: 1-19.

Cassidy, C.M.
2001 Beyond Numbers: Qualitative Research Methods for Oriental Medicine. *In*

Clinical Acupuncture: Scientific Basis. Stux, G and Hammerschlag, R, eds. Pp. 151-169. Berlin: Springer.

Fontanarosa, Phil B. and George D. Lundberg
1998 Alternative Medicine Meets Science. JAMA,280: 1618-1619.

Grisanti , Ronald D.C., D.A.B.C.O.
The AMA Conspiracy Against Chiropractic.
http://www.yourmedicaldetective.com/public/237.cfm

Hammerschlag, Richard.
1998 Methodological and Ethical Issues in Clinical Trials of Acupuncture. Journal of Alternative and Complementary Medicine, 4(2):159-171.

Hammerschlag, Richard.
2003 Acupuncture: On What Should Its Evidence Be Based? Alternative Therapies, 9:34-5.

Hare, Martha L.
1993 The Emergence of an Urban U.S. Chinese Medicine. Medical Anthropology Quarterly, 7(1): 30-49.

Marsh, Liz
2005 Interview on December 1, 2005

McGuire, Meredith B.
2002 Not All Alternatives Are Complementary. Medical Anthropology Quarterly, 16(4): 409-411.

Micozzi, Mark S.
2002 Culture, Anthropology and the Return of Complementary Medicine. Medical Anthropology Quarterly, 16(4): 398-414.

NIH
1998 NIH Consensus Conference: Acupuncture. JAMA, 280: 1585-1589.

Pino, Karah
2005 Interview on November 18, 2005

RAND
2001 RAND Studies on Chiropractic
http://www.rand.org/publications/RB/RB4539/

Scott, Roger
2005 Interview on November 30, 2005