



HEALTH NOTES



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Adventist Medical
Evangelism Network

AMEN's mission is to motivate, train, and equip Seventh-day Adventist healthcare professionals to team with pastors and members, uniting the church to restore Christ's ministry of healing to the world, hastening His return.

To learn more about AMEN and get involved go to: amensda.org.

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Complementary & Alternative Medicine

Complementary and alternative medicine comprise a group of diverse medical and health care practices and products that are not considered to be part of conventional scientific medicine. One approach uses natural products, including herbs, vitamins, minerals, and probiotics, often sold to consumers as dietary supplements.

The other approach includes a diverse group of procedures or techniques administered by a trained practitioner or teacher. Some of these include yoga, chiropractic manipulation, meditation, acupuncture, tai chi, qi gong, healing touch, hypnotherapy, essential oils, aroma therapy, crystal therapy, cranio-sacral therapy, reflexology, and movement therapies. Then there are other traditional healers of Ayurvedic medicine, traditional Chinese medicine, homeopathy and naturopathy.

Seventh-day Adventists have promoted healthful living for more than 150 years. We are the healthiest people in the United States and the world. We emphasize prevention on one hand, and are deeply committed to scientific medicine on the other. We operate 6 medical schools around the world and have many thousands of highly trained doctors, dentists, nurses, physical therapists, occupational therapists and others.

Most Seventh-day Adventists receive care from the scientific medicine community, yet others are more interested in "natural remedies" and consult various practitioners of complementary or alternative medicine.

A recently published study¹ looked at the impact of complementary medicine on health outcomes among cancer patients who had cancers where cures were possible. This was a study of 258 men and women cancer patients who used complementary medicine in addition to scientific medicine. These were compared with 1032 patients who were matched exactly with the same cancer diagnosis and stage of cancer growth, age, gender, and race etc. who were treated with scientific medicine alone.

Cancers included were breast, prostate, lung, and colorectal. All patients who were initially found to have metastatic cancer which had spread to other organs were excluded. Only potentially curable, highly localized cancers were included in the study.

Many of those who trusted complementary medicine refused chemotherapy, radiation, or hormone treatment, but all but 7% submitted to the recommended surgery for their cancer.



Adherence to Recommended Treatment for Cancer		
Treatment Type	Complementary & Scientific Medicine	Scientific Medicine
Delay from Diagnosis to Treatment	29 days	28 days
Refused Surgery for Cancer	7%	0.1%
Refused Chemotherapy	34.1%	3.2%
Refused Radiation Therapy	53.0%	2.3%
Refused Hormone Therapy	33.7%	2.8%
5-Year Mortality	17.8%	13.5%
Risk Ratio for refusing care	1.31	1.00

Those who only took complementary medicine and refused all conventional scientific medicine had the most mortality.

Comparison of Outcomes with Scientific vs. Complementary Treatments	
Scientific Medicine Only	Best Survival
Scientific & Complementary Medicine	Same Good Outcome
Complementary Medicine Only	Highest Mortality

Complementary medicine failed to benefit those who refused conventional scientific medication. Complementary medicine adds substantial expense and time to the conventional treatment of cancer and there is no measurable health benefit to be had. There is only harm to be experienced if you at the same time refuse conventional scientific medication.

This is an important study and should help guide you in choosing medical therapy. It is consistent with the recommendation of the Bible which says.

1 Thessalonians 5:21(NKJV)

Test all things; hold fast what is good.

¹ S. B. Johnson, et. Al, "Complementary Medicine, Refusal of Conventional Cancer Therapy, and Survival Among Patients with Curable Cancers," Journal of the American Medical Association Oncology, July 19, 2018, 7 pages.

The tables were created by the author based on data found in reference 1.

