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Neurotherapy and Complimentary Alternative Medicine

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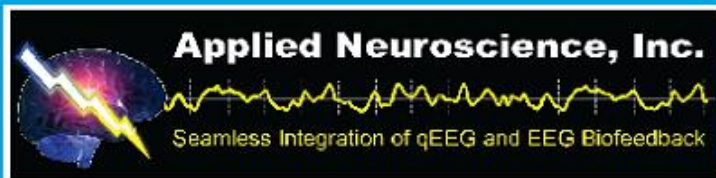
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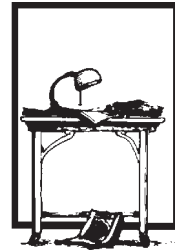
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EDITORIAL



Neurotherapy and Complimentary
Alternative Medicine

The term “Conventional Medicine” describes the dominant medical system in the United States with almost automatic credibility, sanctioned power, and reach that is so great that it may negate the existence of other systems of medicine (MacIntosh, 1999). The theoretical basis of Conventional Medicine appears to have stemmed from Pasteur’s findings regarding infectious illness (Pietroni, 1988). Namely, that a single agent causes a single type of disease and that a specific therapy can be used to treat that disease. This has been called the “doctrine of specific etiology.” This simple doctrine along with the quick symptom-relieving effects of synthetic drugs and surgeries, has contributed to the familiarity and dominance of medicine today. Alternative treatments may be developed because conventional medicine (which relies on synthetic medication or surgical intervention to treat a variety of physical and medical diseases) has limitations and cannot cure every known disease in every person.

Some authors have suggested that alternative medicine is medicine not taught in U.S. medical schools (Eisenberg et al., 1993) or a medical therapy in which a synthetic drug or surgery is not used (MacIntosh, 1999). Recently, these terms have been brought under the umbrella of Complementary and Alternative Medicine (CAM). 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 (Panel on definitions, 1997). In other words, Alternative Medicine has come to mean a treatment, which is not the standard of care in conventional medicine (MacIntosh, 1999)

A brief review of recent literature on CAM showed a variety of interesting findings. For example, 33.5 percent of women in a national health interview survey reported that they used CAM (Upchurch & Chyu, 2005). A personality descriptor called "Openness" was positively correlated with all types of CAM except body-based methods and suggested that the psychological factors of coping strategies and social support are related to the use of CAM (Honda & Jacobson, 2005). From a psychological perspective, the strongest predictors of beliefs in CAM were the beliefs in paranormal beliefs ranging from homeopathy and reiki to astrology, precognition and levitation suggesting that CAM beliefs appeal to an intuitive thinking style, especially those persons with a preference for this type of information processing (Saher & Lindeman, 2005). A retrospective study of a medical library usage by physicians found that during a two-year period the average number of requests per article was 18.7 among CAM literature and 7.1 among non-CAM literature (Wong & Neill, 2001). Finally, a review of randomized control designs found that the quality of CAM reports was similar to the quality of conventional medicine reports (Klassen, Pham, Lawson & Moher, 2005).

The term "Neurotherapy" may be unknown to many professionals in CAM or Conventional Medicine who treat neurological and physical diseases. The definition for Neurotherapy is not located in a dictionary, but it describes the large range of research and clinical interventions described in this journal. The word "Neurotherapy" analyzed in two parts ("neur" or "neuro" is a variant of nerve or neural and "therapy" as the act of remediation of a health problem, after the diagnosis) suggests that Neurotherapy is an act or treatment for neural problems or diagnosis. Neurotherapy and Neurofeedback are new treatments compared to conventional treatment or CAM used for many years and do not imply a fight or argument against conventional medicine or CAM. Rather, Neurotherapy is a treatment choice for consumers. We, who practice clinical

work in Neurotherapy, have an obligation to publish our work in this new field so that consumers have a choice. By publishing our work, we give other clinicians and researchers the chance to understand our ideas and further the field and most importantly, give consumers scientifically proven treatment.

The *Journal of Neurotherapy* has been in existence for nine years and we need to continue to publish our outcome data to demonstrate that we have a valid and reliable scientific theory and method that guides a variety of treatment interventions under the umbrella of Neurotherapy. As you read the research published in this journal, consider how you can publish data from your own clinic to show the effectiveness of the type of Neurotherapy treatment used in your clinic. We cannot wait for conventional medicine and CAM to give consumers a choice about Neurotherapy, rather we need to show ourselves and our patients that our treatment is effective and has a place as a choice co-existent with conventional medicine and CAM.

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Editor

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