

## From Complementary to Integrative Medicine and Health: Do We Need a Change in Nomenclature?

Dieter Melchart<sup>a,b</sup>

<sup>a</sup>Competence Centre for Complementary Medicine and Naturopathy, Klinikum rechts der Isar, Technische Universität München, Munich, Germany;

<sup>b</sup>Institute for Complementary and Integrative Medicine, University Hospital Zurich and University of Zurich, Zurich, Switzerland

Within the last 25 years, a strong worldwide movement driving the integration of safe and effective traditional practices and self-care techniques into mainstream health care has developed. The reason for this relates to a strong dissatisfaction with conventional medicine and its one-sided focus on high-tech interventions and pharmaceutical drugs for the management of established diseases. A more comprehensive approach to individual needs regarding health shall be provided through diagnostic and therapeutic methods by a non-conventional ‘Complementary and Alternative Medicine (CAM)’. This term has been used by the National Institutes of Health (NIH), USA, for a long time. Thereby, the wording ‘Complementary Medicine’ was embossed internationally – also in German-speaking countries – and established as a concept using non-mainstream methods *in combination with, not in place of*, conventional medicine [1]. In contrast, the term ‘Alternative Medicine’ has become more or less uncommon in the nomenclature of this concept. The labeling ‘Naturopathy’ – as a German ‘feature’ based primarily on the Kneipp model – has never stopped being used in Germany, due to its long history. Anyhow, the German health care system and public also adopted the term ‘Complementary Medicine’. In Switzerland, it has even become part of the constitutional law. The understanding of the concept goes along with the NIH definition and refers to all additional non-mainstream practices outside naturopathy.

Since 1994, charismatic persons like Andrew Weil (University of Arizona) pushed the term ‘Integrative Medicine’ in the USA and beyond [2–4]. Weil’s vision focusses on the idea that everyone is responsible for their own health: ‘It is up to you to learn how to maintain it and to protect your body’s potential for self-healing as you go through life. No doctors, no treatments, no system can do this for you or force you to do it on your own’ [3].

Thus, health promotion and preventive medicine have become fundamental features of ‘Integrative Medicine’. Its concept encompasses all aspects of lifestyle, seeks to optimize the individual’s innate healing capacity in case of illness, and emphasizes the patient’s participation in maximizing personal health resources and protecting factors [2, 4].

This salutogenic approach is complementary to the concept of conventional medicine with its pathogenesis-oriented practice and theory. Using complementary approaches to foster health and wellness in terms of empowering people to keep themselves healthy and to address self-healing resources corresponds exactly to this salutogenic draft of ‘Comple-

**Table 1.** Definitions of 'Integrative Medicine'

Year	Person/institution	Definition	Reference number
1994–2018	Andrew Weil / Center for Integrative Medicine; The University of Arizona	<p>Integrative Medicine (IM) defines a healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies. The defining principles of Integrative Medicine:</p> <ol style="list-style-type: none"> <li>1) Patient and practitioner are partners in the healing process.</li> <li>2) All factors that influence health, wellness, and disease are taken into consideration, including mind, spirit, and community, as well as the body.</li> <li>3) Appropriate use of both conventional and alternative methods facilitates the body's innate healing response.</li> <li>4) Effective interventions that are natural and less invasive should be used whenever possible.</li> <li>5) Integrative medicine neither rejects conventional medicine nor accepts alternative therapies uncritically.</li> <li>6) Good medicine is based in good science. It is inquiry-driven and open to new paradigms.</li> <li>7) Alongside the concept of treatment, the broader concepts of health promotion and the prevention of illness are paramount.</li> <li>8) Practitioners of integrative medicine should exemplify its principles and commit themselves to self-exploration and self-development.</li> </ol>	[2–4]
2016	Stuttgart Integrative Health & Medicine Declaration	<p>Integrative health and medicine has emerged as a movement that focuses on the whole person, considering the individual in its physical, psychological, spiritual, social and environmental context, and is inclusive of all professions and practices that use this approach. Integrative health and medicine stands for an evidence-informed integration of conventional biomedicine with traditional and complementary medicine (T&amp;CM). All appropriate therapeutic approaches and healthcare disciplines are used to achieve optimal health and healing, while recognizing and respecting the unique contribution from many medical systems. Integrative health and medicine affirms the importance of the practitioner-patient relationship, the empowerment and participation of patients, and emphasizes interprofessional collaboration, networks and teams.</p>	[7]
2017	Academic Consortium for Integrative Medicine and Health ( <a href="http://www.imconsortium.org">www.imconsortium.org</a> )	<p>Integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.</p>	[5, 6]
2017	The Berlin Agreement: Self-Responsibility and Social Action in Practicing and Forstering Integrative Medicine and Health Globally	<ol style="list-style-type: none"> <li>1) Inter-relationships among all health-related domains;</li> <li>2) the role of health determinants outside of health care (e.g., personal behaviors, genetics);</li> <li>3) the role of upstream determinants (e.g., physical and social environment);</li> <li>4) empowerment of individuals, groups, and communities;</li> <li>5) the value of person-centered, evidence-based care;</li> <li>6) receipt of appropriate services; and</li> <li>7) community-based strategies; and</li> <li>8) population-based strategies.</li> </ol>	[8]
2018	National Center for Complementary and Integrative Health, National Institutes of Health, USA	<p>There are many definitions of 'integrative' health care, but all involve bringing conventional and complementary approaches together in a coordinated way. The use of integrative approaches to health and wellness has grown within care settings across the United States. Researchers are currently exploring the potential benefits of integrative health in a variety of situations, including pain management for military personnel and veterans, relief of symptoms in cancer patients and survivors, and programs to promote healthy behaviors.</p> <p>We use 'integrative health' when we talk about incorporating complementary approaches into mainstream health care.</p>	[1]

mentary Medicine'. In my opinion, there is no need for a change in nomenclature toward 'Integrative Medicine' – only to bring out the idea of salutogenic orientation. 'Integrative Medicine' has become a common term in care settings, particularly across the USA; however, this does not apply to German-speaking countries. Furthermore, there are many definitions of 'Integrative Medicine', and, moreover, the term is subject to transformation (Integrative Health) [1, 2, 5, 6]. The same is true for 'Complementary Medicine' (Complementary Health) [1].

During the last couple of years, individual researchers, working groups, and institutions, like the National Center for Complementary and Integrative Health (NCCIH) in the USA, have created their own definitions (table 1) [1–8]. Are all these activities and declarations necessary to express a worldwide movement towards more holisms and health-oriented perspectives? Is it a calling for intensified collaborative research and effective health care strategies focusing on pro-active functions in medical systems, including societies and environment? Probably everyone would agree with purpose and contents of the statements mentioned above – but is this not a current trend of many other disciplines, anyway? Different terms like 'Self-Responsibility', 'Person-Centeredness' [9], 'Comprehensive Care', 'Personalized Health Care' [10], 'Preventive Health Care', 'Individualized Medicine', 'Value-Based Health Care' [11], etc. embrace the same transformation taking place in medicine and health care. I doubt if it is reasonable to constrain all these different streams under the umbrella of 'Integrative Health'.

From a medical point of view, it is not really constructive to try to widen the concept from medicine to health by merely changing the nomenclature. In fact, there is an urgent need for a paradigm shift: from a re-active medical system to a pro-active one, with a broader access to people's living environments and working places (additionally supported by professional health coaches), in order to enable everyone to live healthier and to act more self-responsibly.

A health care system that fixates too much on pathology rather than health is neither ethically justifiable nor reasonable and forces physicians to wait until patients show symptoms of illness. Each year, millions of people die of preventable causes [12]. To remedy

this situation, we do need numerous professional 'person-centered self-management education approaches' [13]. This might be the only way to avoid risk factors, to restore protective factors, and – thereby – to effectively minimize disease occurrence and maximize health.

Andrew Weil's original concept of an 'Integrative Medicine' pointed out a clear commitment for making use of both conventional and 'Complementary Medicine' [2, 3]. This coincides with 'Complementary Medicine' bringing together conventional and complementary approaches. Here again: Why 'integrative' instead of 'complementary'? The NCCIH tries to make a difference by summing up that 'Integrative Medicine' *brings* the use of complementary and conventional approaches *together in a coordinated way* [1]. Does this not – simply – state the objective of proving safety and usefulness of 'Complementary Medicine' in a rigorously scientific way? COMPLEMENTARY MEDICINE RESEARCH follows the same maxim and mission to generate strong scientific evidence; thus, there is no need for a different name. From my point of view, the term 'Complementary Medicine' is not antiquated and should be kept – in science and in public.

Personally, I appreciate the ongoing debate concerning the terms 'Integrative' and 'Complementary Medicine'. However, this discussion should be conducted in an academic setting with a scientific audience. Most of the existing interpretations of 'Integrative Medicine and Health' (table 1) are too long, too complex, and thus hard to convey to patients, health care givers, and the public (at least in German-speaking countries). It might be more constructive, and convincing to our colleagues in research, to work together on the salutogenic theory, to optimize adherence through better educational support systems, and to produce resilient data on long-term effects of individual health management programs.

## Disclosure Statement

Dr. Melchart has nothing to disclose.

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