

# *Regulation, Regulation, Regulation - Research, Research, Research...*

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Regulation and research have become the two main buzz-words in complementary therapies in the last few years. Many complementary therapies seem to be falling over themselves to become leading bodies in their particular field and to generate ideas regarding how their professions should be regulated and controlled. It seems that we have unwittingly adopted a set of beliefs that has led to building up momentum towards measuring, categorising and regulation with little serious discussion of where this need to categorise and measure came from, where it will take us, and ultimately whether it will be of any real benefit to our therapies, and most importantly, our clients.

Much of the push towards regulation and research seems to be coming from the government, probably as a result of pressure from the EU. One example of this is the fiasco over the Medicines Control Agency and their attempt to regulate supplements and herbal products through the MLX 249 legislation this summer. The main reasons given for this push is our old friend 'public demand' and public safety concerns. As a practitioner, I have what I hope is a healthy scepticism about this need. I'm sure I'm not unusual in that 95% of clients come to me because their friends have been helped. Not once has any of my clients voiced concern about the safety of my therapy. Usually, they do not even seem concerned as to how our therapies work. If one were inclined towards scepticism, one might think that the demand for regulation is coming more from the government itself rather than the public at large. The saying 'if you can measure it, you can regulate it; if you can regulate it, you can control it; if you can control it, you can tax it' springs to mind.

Many approaches to measuring treatment outcomes can be fairly mechanistic and have the inherent danger of missing the more subtle and, I would say, the most important aspects of many complementary therapies - that rare and valuable commodity called well-being. It seems that with many complementary practitioners, there is almost a sense of embarrassment at our inability to quantify changes and with that, a need to distance ourselves from a past where complementary therapies were considered wishy-washy and vague. Most of us will admit however, that we don't fully understand the mechanics of our profession and doubt, at least in private, that it is ultimately useful or even possible

to do so. Is the verbal description and analysis of a Turner painting or a Mahler symphony as useful as, or a substitute for, the work of art itself? Something of the wonder and magic of creation is lost in analysis and measurement. Just touching and listening to that in a client can be immensely healing in itself. How can it possibly be measured?

The 'placebo effect' is frequently considered of little or no value in a scientific analysis of health benefits. Nevertheless, practitioners know from experience its undoubted usefulness in terms of reducing suffering and facilitating healing. From an 'orthodox' perspective, the estimated value of the placebo (i.e. any kind of change which is intended to be healing), has gone up and up as the years go by. Initially thought to be around ten per cent, some researchers now put it as high as fifty per cent.

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Rollin Becker, one of the most competent and effective cranial osteopaths and teachers, frequently wrote the initials 'S.H.' in his treatment notes after a successful session. 'Something Happened' was enough for him. A client usually knows when something significant happens in a session and they know that they feel significantly better for it, although it is sometimes very difficult for them to quantify it. They might feel 'more in their body' or more 'in touch'. However, under questioning from a researcher steeped in the tradition of double-blind trials, even a client who feels significantly better after a treatment might admit that they couldn't be 100% sure that the treatment had anything to do with their feeling of well-being. That bane of holistic work, the expression 'anecdotal evidence', is frequently rolled out by the orthodox medical establishment as an excuse for not wanting to even consider the obvious benefits of treatment.

Conversely a client might report going through a 'healing crisis' immediately after a treatment and curse us as a result! A few years ago a woman came to me with a slight elbow injury. The day after I treated her (no manipulation of any kind I might add), she was in agony. Her words were that it 'felt like something was moving inside her spine trying to straighten it out!' What she had failed to tell me was that she had been hiking in the mountains and had fallen and landed on her head a few weeks previously. After a while her symptoms settled down and she was fine. Now the question is, what would have happened if she hadn't had treatment? Would she have been OK, or would she have gone down with osteo-arthritis or some other complaint after a few years? How can we possibly measure that sort of outcome in a way that would be of any use to us at all? A 'scientific' study of this scenario might well have concluded that the therapy was highly dangerous and shouldn't be used with this sort of complaint.

The difficulty of analysing data in a way that is useful, came home to me recently when reading a letter alleging harmful effects of a particularly gentle form of treatment used on a patient with M.E. It appears that a particular treatment protocol had been followed without a clear understanding of the way the therapy works. This was a clear case of the dangers of a complementary therapy being adopted by the orthodox medical profession without a full understanding of its function. One must not forget that any technique that is capable of tremendous benefits, has considerable risk if used inappropriately. With a medical establishment that is not as yet capable of measuring subtle but profound changes in a patient's system, research that concentrates on narrow criteria could be extremely misleading. A recent research programme that used only one homoeopathic remedy on a number of asthma sufferers without taking into account constitutional factors is testimony to that.

The often highly mechanistic approach to research has now got to the point where from any rational viewpoint much of it is highly *unscientific*. The original definition of scientific – knowledge gained by experiment and observation – has been narrowed down to such a limited style of investigation as to completely eliminate many forms of enquiry. Science has reached a position where, paradoxically, it has developed an occult significance while simultaneously decrying previous methods of investigation as mystic. Scientists have become what they feared and sought to destroy – an entrenched priesthood with all the trappings of superstition: mysterious equipment and rituals and unquestioning belief of their followers. Whilst the holy grail of 'scientific proof' is still unquestioningly worshipped in the media, science is still unable and

unwilling to look at areas of public health that are difficult to measure, but are of vital importance, for example the more subtle effects on our immune system of mass vaccination and genetic engineering.

One of the main problems for researchers in complementary medicine (apart from the tiny amount of money available for funding compared to that spent by the pharmaceutical companies), is that research findings are very rarely conclusive enough to be useful. How often does one hear on the radio that a new approach to health will **definitely** help a particular condition? The National Federation of Spiritual Healers revealed recently that one of the large medical journals in the UK refused to publish conclusive research on healing because it rocked the scientific boat too much, and only relented after considerable pressure.

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It is interesting to note that when I was a medical student we were told that, by the profession's own methods of statistical analysis, modern medicine has only been clinically effective since 1911, i.e. before then you were equally likely to improve, or worsen, irrespective of whether or not you consulted a doctor. It seems, how can I put this politely, a bit presumptuous that an approach that has only been effective for eighty-eight years is so sure of its ground that it is determined to dictate that its own analytical methods are applied to other approaches, many of which have been effective for much longer. The problem is that the classic approach starts with such an entrenched set of beliefs regarding cause and effect, philosophy etc. that it is impossible to genuinely analyse methods which have different foundations of understanding.

Any serious research student will tell you that it is impossible to construct a truly objective research project, although most research projects and their findings are repeatedly presented to the general public as such. An experiment with nematode worms where a group of students were given two samples of the unicellular organisms and told to test them demonstrates the point. Nematodes tend to behave predictably in terms of their movements

in heat gradients, saline gradients and light/dark gradients. One group of nematodes had been in a control medium and the other in a medium mixed with an experimental medication. Sure enough the worms in the trial drug medium behaved atypically and crawled all over the place. However, unbeknown to the research students, there was **no trial medication** – both groups of worms were the same. The only difference was the students' *belief* in the difference of the two groups.

Now we're talking about a simple experiment with single celled organisms here – when you start to try and extrapolate this kind of effect to organisms as complicated as humans then the mind boggles. Even if it was considered ethical and practical to test say, acupuncture, by having practitioners needle people in their normal way and then insert needles at random *the practitioners would still know*. Similarly, with craniosacral therapy once you know how to make the kind of therapeutic contact that is so effective it is impossible **not to** - you can't just rest your hands on someone and not start working, it's like trying not to think of pink elephants for ten minutes.

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The *kind* of research is the important question, and *how* we are to measure things. The answers are of vital importance if research is to be of any use to us in the subtle world of complementary therapies. What we are trying to do at the moment is to please the orthodoxy by presenting them with predictable and repeatable results in nice neat research packages. This may have its place and usefulness, but it is only ever going to represent a small percentage of what our real work is about.

Although as practitioners we need to keep abreast of government legislation and ensure that our standards of practice and training are of the highest, we should not be fooled into thinking that the current trend towards legislation will necessarily do us any favours or benefit the public in the long run. If we take a look at what has happened with the osteopaths as a result of the Osteopathic Act which comes into force next year (the Chiropractors will follow suit in 2001), it is interesting to see that many of them are angry and dismayed at the extent of the bureaucracy that has been introduced. Most

ironic is that many of the procedures that are causing the complaints were all introduced **by the osteopaths' own regulatory bodies**. Although there has been real progress in terms of safeguards against fraudulent claims of competency and teaching schools, how much real benefit has been gained by the osteopaths or the general public? We should bear in mind that there is no evidence that research would make our practices any safer. In a recent book *Medical Mafia*, Dr Guylaine Lanctot points out that 'adverse reactions to prescribed **researched** medicines cause or contribute to one third of all deaths in the USA every year'.

There is a real danger that by adopting criteria that are not suited to our way of working we shall lose the most vital element of our work... its art... the unmeasurable, and throw the baby out with the bathwater. The need to justify and explain our work in terms that are essentially alien to us and in ways that have largely been adopted wholesale from the orthodox medical establishment can be unhelpful to say the least. Often a desire to understand betrays a need to control, and control is seldom desirable in the therapeutic relationship. There is much work that needs to be done, but if we get the ground-rules sorted out, there is at least a chance that something useful might come out of this desire to measure and control our therapies. \_

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