COMPLEMENTARY & ALTERNATIVE THERAPIES in NURSING

SEVENTH EDITION




Ruth Lindquist
Mariah Snyder
Mary Fran Tracy

Editors

SPRINGER PUBLISHING COMPANY

Complementary & Alternative Therapies in Nursing

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To providers around the world who strive to care for and comfort those seeking health and healing, through the offering of complementary and alternative therapies.

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Preface

Welcome to the new seventh edition of *Complementary & Alternative Therapies in Nursing*. Widespread popularity of complementary and alternative therapies continues, compelling us to update the evidence underlying the therapies and to incorporate new information related to their use. We took this opportunity to also refresh the look and feel of book and chapter content, especially by adding views and perspectives of international colleagues in each chapter. You are sure to enjoy these international perspectives! However, even as we embrace change, we deliberately carry forward all of the book's well-recognized strengths into this edition. We kept the chapter format, organization, practice applications, examples, and evidence-based approach of the book. We believe that the up-to-date, easy-to-retrieve, authoritative information on commonly used complementary and alternative therapies have contributed to the book's success and use by nurses in the United States and around the world. The book is unique in its field, and is relied upon for accurate and useful information from scholars and practitioners in varied fields. Attesting to this is the fact that the book has been translated into three languages—Chinese, Japanese, and Spanish. The volume will continue to be a valued asset for busy professionals, popular among nursing faculty, nursing students, and practicing nurses. A majority of the general population is using these therapies; never have our patients and the public desired complementary and alternative therapies more. This new edition is timely, and it offers the latest information and evidence to arm nurses with the knowledge and application guides for use of these high-in-demand therapies.

This work is an essential resource for nurses, and provides current information on many of the most commonly used complementary and alternative therapies. Having such a resource at hand is needed to keep us up to

date regarding evidence supporting use of the various procedures. It also enables us to provide our patients with basic information about selected complementary therapies, including the ability to better answer questions about their use—especially questions regarding safety and efficacy. As providers, nurses need to be informed about potential contraindications for procedures, as well as their possible interactions with concurrently prescribed conventional medical solutions. We also need to be knowledgeable about these therapies so that we may offer them to our patients as safe and effective options for comfort, relief of symptoms, or for health and healing. We believe that this book meets these essential needs for information. The usefulness of the volume is enhanced by the inclusion of links to various websites, where further details and current and updated information may be found.

We are eager to share our excitement about what is "new" about this edition. The first thing you might notice on the binding and cover of the book is the inclusion of a new editor, Dr. Mary Fran Tracy. Dr. Tracy is a clinical nurse specialist with experience in the field, particularly as a member of a collaborative interdisciplinary team that researches use of complementary therapies. She brings visionary viewpoints and evidence she has gained through her past national complementary and alternative therapy survey of practicing critical care nurses. She brings editorial skills from her years of experience as chief editor of the journal *AACN Advanced Critical Care.*

Also, in this edition, new authors with fresh viewpoints join more senior authors who have a wealth of experience and expertise, resulting in a rich blend of vigor and wisdom. We have worked diligently to provide cutting-edge information from the available evidence base, as well as from the experience of the numerous experts who have authored the chapters of this book. Many of the authors regularly use these therapies in practice, in their research, or in their own self-care. The wisdom of seasoned authors, many of whom are at the peak of their research or practice careers, is obvious in the writing. The contributor lists in the front of the text contain a roster of authors who have distinguished positions, roles, credentials, and achievements that attest to their authority in the area of their therapeutic specialty. These contributors have acquired expertise from the work they do across a broad array of practice settings of various sizes and structures—encompassing large and small health care institutions, schools, academic health centers, public health settings, and private practice.

All of the chapters describing therapies have sections that include background, definitions, scientific basis, intervention(s), and one or more techniques that can be used to implement a therapy. There are precautions to be aware of in applications, conditions, and patient populations in which these therapies have been used, as well as cultural applications and suggestions for research. The uniform format is a structure that provides a clear way to organize knowledge and educate patients.

The chapter on "Creating Optimal Healing Environments" has found a new home in the "Foundations" section of the text in recognition of the primary, essential role that the environment plays in the administration or practice of healing therapies. The material on education, practice, and research continues to be housed in separate chapters, with even greater depth and concentration of focus in those areas. New references provide current and relevant cutting-edge information for today's practicing nurse or nurse scholar. These references also point out new avenues for science and discovery to pursue in the exploration of the science and art underlying the procedures. The information provided is practical. The holistic and caring aspects of these therapies have been and continue to be valued both by nurses and by those to whom care is provided in the United States and worldwide. Nursing roles continue to evolve; however, within all of these varied roles and settings in which nurses practice, concern for the comfort and healing of patients remains uppermost in their minds.

In this edition, as in the past, we continue to draw upon the expertise of authors from around the world, including South Korea, Sweden, Iceland, Iran, Taiwan, and Japan. However, in this seventh edition, we have expanded the perspectives within each chapter to specifically include viewpoints from outside the United States. Within each chapter is the "voice" of those giving or receiving effective healing therapies and practices from countries and cultures around the globe. The world is becoming increasingly smaller; hence, we need to understand the use of complementary and alternative therapies and practices indigenous to various cultures and populations. Thus, besides the expanded emphasis on culture in Chapter 1, the most exciting addition to this new volume is the international sidebars found throughout the book in each chapter. Contributors of these sidebars come from more than 20 countries on six continents. They provide tremendous perceptions that broaden, enrich, and deepen our understanding of the basis for and use of complementary therapies.

Complementary therapies play a key role in the promotion of healing, comfort, and care worldwide. Many therapies used by nurses have been used over the past centuries. Now, an increasing number of these procedures that have long been a part of systems of care across the globe are receiving attention in the United States. The increasing mobility of society, whether through immigration, travel, or attendance at international conferences, requires that nurses be knowledgeable about ancient therapies that are still used by many people around the world. Throughout this work, attention is paid to health care practices of other cultures, so that nurses may acquire knowledge about and respect for these practices and therapies and, if possible, incorporate them into the plan of care. Thus, this book is needed more than ever to help prepare students and practitioners for the broad range of complementary and alternative therapies that they will encounter in their practice.

This actively developing frontier of science is generating important and much-needed evidence to support our informed use of complementary and alternative therapies. Various groups, including the National Academy of Science, have proposed goals to expand research on complementary therapies. There is a concomitant increase in the number of journals focusing on these therapies. We trust that we have captured the most current evidence for the therapies in the seventh edition of this text. Conducting and disseminating the research-based evidence for the use of complementary therapies is an endeavor in which nurses can be integrally involved. Many nurses have provided leadership in research, education, and practice applications of these practices.

As consumer demand for and use of complementary therapies continue to increase, it is critical that nurses gain knowledge about complementary therapies, so that they can select and include them in their practice; provide patients with information about them; be informed about research and practice guidelines related to complementary therapies; alert patients to possible contraindications; and even incorporate some of these procedures into their own self-care. The recognized benefits experienced in personal use of the therapies in self-care fuel the enthusiasm for their application and use in practice.

Finally, we want to thank the countless nurses and nursing students who across the years have used our text and who have encouraged us to continue updating the information. The interest they have shown in the use of complementary therapies for practice and self-care has prompted us to continue our quest to obtain new information about complementary therapies that can be used by nurses. We thank the authors—some new, many returning—who have spent countless hours in writing or revising the chapters to bring you the most useful and updated information. We also thank the many international contributors who have enriched the chapters, and in their writing helped us to see the therapies through fresh eyes and help us to develop new possibilities for their use. Their stories will "stick" with us as we ponder the use of these therapies with other individuals we encounter requiring our care. We thank our colleagues at the School of Nursing and the Center for Spirituality and Healing at the University of Minnesota for their ongoing efforts to develop the knowledge base for complementary therapies through research, and to educate students about these therapies for their future practice, to the benefit of countless patients whom they have yet to encounter.

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Part I: Foundations for Practice

Complementary therapies have become widely known and used in Western health care. However, the therapies included in many of the surveys that have been done about the use of complementary therapies are sometimes limited in scope. Expanding the perspectives on complementary therapies' medicine so that nurses become more knowledgeable about therapies that are practiced by people in multiple cultures across the globe is critical to competent health care. In Chapter 1 and in subsequent chapters throughout this book, the authors have taken a new tack: to examine the use of complementary therapies from a global perspective. Nurses from across the globe discuss how a specific therapy is or is not used in their countries. This approach conveys the growing use of complementary therapies not only in the United States but worldwide.

Modeling the holistic, caring philosophy that underlies many of the complementary therapies typically used is an important aspect of care. Taking care of oneself is even more important in the increasingly pressure-filled health care settings in which nurses and other health professionals practice today. In Chapter 2, therapies and practices are discussed that nurses can use to lessen stress and thereby better focus on the patient and the patient's family.

Two therapies—presence and communication—are critical elements in the implementation of any of the complementary therapies. Many patients and families comment about a nurse who was "really present when providing care." Presence is difficult to define; however, as an old adage goes, "You know it when you see it." The multiple facets of communication, both verbal and nonverbal, are likewise important keys to providing the holistic care that is part of the philosophy underlying the use of complementary therapies. Nonverbal communication becomes more important when interacting with people who are not from Western cultures. The increasing cultural diversity found in many countries requires

that all health professionals be attuned to health practices that patients may be using. The knowledge of customs—as basic as whether it is acceptable to shake the hands of the patient and family, or touch someone of another gender—is foundational in establishing the kind of therapeutic relationship that is integral to the success of complementary therapies. Discussions in Chapters 3 and 4 seek to heighten the nurse's awareness of the importance of presence and communication skills in building such relationships.

Chapter 5 describes the final foundation for healing—creating an optimal healing environment. The physical or "built" environment is a main focus of this chapter. However, in the international sidebar of this chapter, we are reminded of the importance of the roles of food, family, and spirituality in the creation of a healing environment.

Chapter 1: Evolution and Use of Complementary and Alternative Therapies

Mariah Snyder, Kathleen Niska, and Ruth Lindquist

Complementary and alternative therapies have become an integral part of health care in the United States and other countries. Although the term *complementary therapies* is used in this book, numerous other designations have been used for such remedies that are not a part of the Western system of medical care. The word *complementary* is preferred by some because it conveys that a procedure is used as an adjunct to Western or conventional therapies, whereas *alternative* indicates a therapy that is used in place of a Western approach to health care. Both terms are in the title of the National Institutes of Health (NIH) agency responsible for these aids: the National Center for Complementary and Alternative Medicine (NCCAM). More recently, the term *integrative medicine* has been used to convey that care provided in a health care facility is a blend of Western medicine, complementary therapies, and possibly procedures from other systems of health care. A growing body of research to support use of complementary therapies is emerging.

DEFINITION AND CLASSIFICATION

Numerous definitions of complementary therapies exist. Nursing and other health professions frequently call the area complementary *therapies*, whereas NCCAM refers to them as complementary *medicine.* The broad

scope of these remedies and the many health professionals and therapists who are involved in delivering them create challenges for finding a definition that captures the breadth of this field.

As defined by the NCCAM, "Complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine" (NCCAM, 2012, p. 1). In this context, *conventional* refers to Western biomedicine. The NCCAM definition acknowledges that other systems of health care exist and are used. According to the World Health Organization, 80% of health care in developing countries is comprised of indigenous traditional health practices rather than Western biomedicine (World Health Organization, 2012).

The lack of precision in the meaning of complementary therapies poses challenges when comparing findings across surveys that have been conducted on use of complementary procedures. Some surveys have included a large number of practices, whereas others have been limited in scope. For example, in the NCCAM/National Center for Health Statistics Survey (NCCAM, 2008a), adding prayer for health reasons to the analyses increased the percentage of use of complementary therapies from 36% to 62%.

The field of complementary therapies is constantly changing as new remedies are identified—a number of which are from other systems of care or used in a variety of native cultures. NCCAM now classifies these multiple therapies and systems of care into three categories, although acknowledging the existence of many other practices and systems of care. One large category of therapies that is used in nursing is not included as a specific group in the recent NCCAM classification: energy therapies. The NCCAM categories and examples of the types of therapies in each classification plus other major categories are shown in Exhibit 1.1. Some of these procedures have been widely used and researched, whereas others are relatively unknown in the United States. A number of the therapies noted in Exhibit 1.1 have been a part of nursing for many years.

Other methods for classifying complementary therapies are provider-based and nonprovider-based administration. Remedies that are provider based require a professional/therapist to administer them, whereas therapies that are nonprovider based do not require the presence of a professional. For example, a therapist is required for acupuncture but one is not required for acupressure. Herbal preparations and food supplements—the most used groups of complementary therapies—are self-administered. For many procedures, once the technique has been taught, a therapist is not needed. Meditation is an example of this type of self-administered therapy. Nonprovider therapies are usually much less costly than the provider-administered therapies.

Globally, as people migrate for economic reasons, wars, drought, or political factors, health professionals are becoming increasingly aware

Exhibit 1.1. *NCCAM Classification for Complementary Therapies and Examples of Therapies*

Natural Products

Therapies use substances found in nature. Examples: herbal medicine (botanicals), vitamins, minerals, dietary supplements, probiotics.

Mind–Body Therapies

Interventions use a variety of techniques to enhance the mind's ability to affect body functions and symptoms. Examples: imagery, meditation, yoga, music therapy, prayer, journaling, biofeedback, humor, Tai Chi, art therapy, acupuncture.

Manipulative and Body-Based Therapies

Therapies are based on manipulation or movement of one or more parts of the body. Examples: chiropractic medicine, massage, bodywork such as rolfing.

***Energy Therapies**

Therapies focus on the use of energy fields such as magnetic and biofields that are believed to surround and permeate the body. Examples: healing touch, therapeutic touch, Reiki, external Qi gong, magnets.

***Systems of Care**

Whole systems of care are built on theory and practice and often evolved apart from and earlier than Western medicine. Each has its own therapies and practices. Examples include traditional Chinese medicine, Ayurvedic, naturopathy, and homeopathy.

***Traditional Healers**

Healers use methods from indigenous theories, beliefs, and experiences handed down from one generation to the next. An example is the Native American healer or shaman.

*Categorized by the NCCAM as *Other Practices* and not as a distinct category.
Source: NCAAM (2012).

of culture-specific health practices used in other countries. These remedies may be ones carried out by shamans, healers, family members, or the patient. Knowledge about common practices in various ethnic groups assists nurses in providing culturally sensitive care to promote health. A danger health professionals face is assuming that all people from a

culture, a country, or an area of the world engage in the same health practices. For example, assuming that all Native Americans use sage as part of their healing services is erroneous. Health practices vary across the many Native American tribes/nations found in the Americas. Likewise, health practices differ among those from the huge African continent. Thus, individual assessments are needed to determine the healing practices a given person might be using, and acceptable therapies that might be employed.

USE OF COMPLEMENTARY THERAPIES

Interest in, and use of, complementary/alternative therapies has increased exponentially in recent years. Many individuals often used these therapies (e.g., prayer, meditation, herbal preparations); however, they were not called complementary therapy. Surveys have addressed use within English-speaking and largely Caucasian groups (Barnes, Powell-Griner, McFann, & Nahin, 2004; Sharafi, 2011; Su & Li, 2011). Recently, surveys have explored complementary therapy use within minority groups in the United States: African Americans (Barner, Bohman, Brown, & Richards, 2010); Hispanic adolescents (Feldman, Wiemann, Sever, & Hergenroeder, 2008); Whites, Mexican Americans, and Chinese Americans (Chao & Wade, 2008); and Asian Americans (Mirsa, Balagopal, Klatt, & Geraghty, 2010).

Interest in the use of complementary therapies is a phenomenon found not only in the United States but in many other countries as well. Research on the use of these therapies has been conducted in various countries, including Saudi Arabia (Al-Faris et al., 2008), Germany (Ernst, 2008), Japan (Hori, Mihaylov, Vasconcelos, & McCoubrie, 2008), Scotland (Thomson, Jones, Evans, & Leslie, 2012), and Turkey (Erci, 2007). The number of people using complementary therapies varied in these survey reports, but percentage of use was near 50% in all of the countries reporting.

Numerous studies have explored the use of complementary therapies in specific health conditions, including obesity (Bertisch, Wee, & McCarthy, 2008), asthma (Fattah & Hamdy, 2011), cancer (Wyatt, Silorskii, Wills, & Su, 2010), stroke (Shah, Englehardt, & Ovbiagele, 2009), and arthritis (Hoerster, Butler, Mayer, Finlayson, & Gallo, 2011). The Cochrane Database of Systematic Reviews contains reviews of the efficacy of numerous complementary therapies in the treatment of specific conditions (Cochrane Database of Systematic Reviews, 2012). In addition to the use of complementary therapies for health conditions, complementary therapies are often used to promote a healthy lifestyle. An example would be the use of Tai Chi to promote flexibility and prevent falls in older adults.

Some researchers have attempted to identify characteristics of users of complementary therapies. Nguyen and colleagues (2011) found that more women than men use these therapies. They also noted that a higher

percentage of individuals using complementary therapies have academic degrees as compared with a nonuser group. These findings were further validated in the national survey conducted by the NCCAM and the National Center for Health Statistics (NCCAM, 2008a). Struthers and Nichols (2004) reviewed studies on the use of complementary therapies in racial and ethnic minority populations. They found that the use of complementary therapies was not greater in minority groups. However, it is not known how many therapies not listed on surveys were used by immigrants or those in minority groups.

What has prompted this rapidly growing interest in complementary therapies? First, the holistic philosophy underlying complementary therapies differs significantly from the dualistic or Cartesian philosophy that for several centuries has permeated Western medicine. In the administration of complementary therapies, the total person is considered—physical, emotional, mental, and spiritual. The goal of CAM (complementary/alternative medicine) is to bring harmony or balance within the person. People are seeking complementary therapists or care from facilities that offer complementary therapies because they want to be treated as a whole person—not as a heart attack or a fractured hip.

A second reason suggested for the popularity of CAM is that individuals want to be involved in the decision making in matters related to their health. The increasing pressure of cost containment in health care has reduced the amount of time physicians and nurses spend with their patients. A goal of health care related to reducing the cost of health care is to have people assume more responsibility for their well-being, which may explain the increase in using complementary therapies in addition to conventional care.

A third reason cited for seeking care from complementary therapists relates to quality of life. Patients have reported they do not want the treatment for a health problem to be worse than the initial problem itself. The focus of Western medicine largely has been on curing problems, whereas the philosophy underlying the use of complementary therapies is focused on harmony within the person and promotion of health. As noted earlier, this has many ramifications with the growing number of those with chronic illnesses.

The personal qualities of the complementary guide (whether a nurse, physician, or other therapist) are key in the healing process. Caring, which has been integral to the nursing profession through the years, is also a key component in the administration of complementary therapies. Two aspects of administration of CAM therapies—presence and active listening—are covered in subsequent chapters. Both convey caring. Remen (2000), a physician who is involved in cancer care, has stated:

> I know that if I listen attentively to someone, to their essential self, their soul, as it were, I often find that at the deepest, most unconscious level, they can sense the direction of their own healing and wholeness. If I can

> remain open to that, without expectations of what the someone is supposed to do, how they are supposed to change in order to be better, or even what their wholeness looks like, what can happen is magical. By that I mean that it has a certain coherency or integrity about it, far beyond any way of fixing their situation or easing their pain that I can devise on my own. (p. 90)

The heightened interest in complementary therapies prompted the NIH to establish the Office of Alternative Medicine in 1992, which was elevated to the NCAAM in 1998 (NCCAM, 2012). What was significant about the establishment of this NIH office was that it was lobbied for by consumers rather than health professionals. The purposes of the NCCAM are fourfold:

- To define through rigorous research the usefulness and safety of complementary therapies and their role in improving health
- To promote translational research on the use of these therapies
- To train researchers to carry out studies on CAM therapies, and
- To facilitate education and outreach related to CAM

The NCAAM has funded research for individual investigators and for centers that explore the efficacy of a number of specific complementary therapies such as acupuncture and St. John's wort. Other centers explore the use of complementary procedures in the treatment of specific conditions such as addictive disorders, arthritis, cardiovascular disease, and neurological disorders. Additionally, the NCAAM has funded educational centers in the health professions to prepare practitioners and researchers.

REIMBURSEMENT AND COSTS

Currently, third-party payers such as insurance companies pay for a limited number of complementary therapies. The therapies most frequently covered are chiropractic medicine, acupuncture, and biofeedback. In most instances, physician referral is required for reimbursement. According to Nahin and colleagues (2009), Americans spent $33.9 billion on complementary remedies in 2007 with nearly two thirds being paid out of pocket by the consumer. Interestingly, $22 billion was for nonprovider-related expenses with only $11.9 billion being paid to practitioners. Obviously, people must feel that complementary techniques produce positive results if they continue to personally pay for these aids.

Some states, such as Washington, require the inclusion of complementary therapists in private, commercial insurance products (Lafferty et al., 2004). Other states have instituted legislation that provides protection for persons using complementary procedures. For example, legislation in Minnesota, titled the Complementary and Alternative

Health Care Freedom of Access bill, allows unlicensed complementary health care providers (non–health care professionals) to administer the therapies for which they have been trained. These therapists must provide their clients with a patient bill of rights and also supply them with proof of their education and practice.

Are complementary therapies cost-effective in terms of outcomes of care? Lind, Lafferty, Tyree, and Diehr (2010) examined differences in costs of health care for patients with back pain, fibromyalgia, and menopause symptoms who used CAM and those who did not. They found that CAM users had overall lower health care costs than those who did not use CAM: $1,420 less. Other researchers reported that individuals with chronic illnesses who used CAM were more likely to report feeling healthier (Nguyen et al., 2011).

The recently enacted Patient Protection and Affordable Care Act (PPACA) notes that health insurance providers are forbidden to discriminate against health care professionals who are acting within the scope of their license or certification (Thompson & Nichter, 2011). This opens the possibility for greater use of complementary therapists. How this provision may be challenged and/or implemented should be interesting—particularly in the care of the currently uninsured who seek insurance coverage.

CULTURE-RELATED ASPECTS OF COMPLEMENTARY THERAPIES

Human cultures pervade the globe. One's culture lends structure to a shared way of life in health and illness. McElroy and Townsend (2004) specified, "the culture of a group is an information system transmitted from one generation to another through nongenetic mechanisms" (p. 110). Culture is basically the shared way of life of a group of people. Culture theory and anthropology underscore the need for the inclusion of both complementary therapies and biomedical solutions into quality health care systems. All cultures have either systems of health care or numerous health care practices/therapies that are used by the members of that culture. Many of these remedies remain unknown to Western health care providers.

Singer and Baer (2012) noted that medical anthropology "builds a theoretical based understanding of what health is, how culture and health interact, the role of social realities in shaping disease, the importance of health/environmental interface, and a range of other issues" (p. vii). Emerging infections are occurring from human intrusion into ecosystems, with people encountering pathogens such as the Hanta virus found in wildlife within dried, aerosolized urine of rodents. These pathogens, foreign to humans, are spread as refugees move from one area to another due to war or natural occurrences such as drought. Thus, constant vigilance is needed to detect health problems in immigrants, refugees, and migrants.

Migration of people brings not only diseases but also their health care practices. Traditional healers traveling in populations of refugees include midwives, herbalists, shamans, priests or priestesses, bonesetters, and surgeons. There is a great need for healers because 47% of global morbidity is attributable to chronic conditions, with 60% mortality arising from such conditions (Manderson & Smith-Morris, 2010). Quinlan (2011) stated that 85% of traditional remedies are herbal, and more than 70% of the world's population depends on common herbal medicine for their primary care (p. 394). Beliefs about the cause of a number of chronic conditions point to the type of therapy used to "cure" the illness. Some individuals may seek care from a sorcerer. Humoral balance is a focus in some cultural systems of care such as traditional Chinese medicine (yin/yang) and Latin American medicine (hot/cold). Therapies to promote this balance such as Qi in traditional Chinese medicine and other systems in Latin American medicine may be used by immigrants from these areas.

Entire systems of health care have survived for thousands of years in various regions of the world. With the increasing movement of people either for short periods of time such as for study, business, or vacation or for permanent immigration, aspects of diverse systems of care will be encountered both by those in transit and by health care providers. The impact of Western medicine in most areas of the world is growing. However, individuals will continue to use all or portions of their traditional system of health care. These different ways of healing can work well together; however, it is imperative for Western care providers to assess for therapies or practices that may be used so that the patient is receiving safe care. Because minimal information is known about the outcomes of many of these therapies, close observations are needed to ensure that the therapy is enhancing, not interfering, with the biomedical treatment.

Although nurses may not know minute details of healing traditions in other cultures, it is helpful for them to gain some knowledge about the specific heritage of a patient. With today's technology, key points about the health practices of the culture can be obtained from web sources. When nurses are familiar with the patient's worldview, they can ask subjects and family members about specific needs and preferences that are natural parts of the individual's or the family's healing traditions.

An example of the importance of knowledge about cultural health practices in caring for Native Americans can be found in their traditional health care practices. As noted previously, the health professional must not make generalizations about health practices of Native Americans because great variations exist among the more than 500 Native American nations. In a number of instances the healing practices or rituals are kept secret and passed on from healer to healer (American Cancer Society, 2012).

Purifying the body is a foundational healing component of health rituals in a number of Native American nations. The basis for cleansing is to rid the person of bad feelings, negative energy, or bad spirits.

The individual is cleansed both physically and spiritually (Borden & Coyote, 2012). Cleansing can take a variety of forms such as smudging or sweat lodges. Sage and sweetgrass are commonly used by Plain Native Americans for their smudging ceremonies. Borden and Coyote describe a smudging ceremony:

> [B]urn the clippings of the herbs [dried], rub your hands in the smoke, and then gather the smoke and bring it into your body—or rub it onto yourself; especially onto any area you feel needs spiritual healing. Keep praying all the while that the unseen powers of the plant will cleanse your spirit. Sometimes, one person will smudge another, or a group of people using hands—or more often a feather—to lightly brush the smoke over the other person(s). (p. 3)

Native American families may wish to use smudging for family members who are hospitalized. This will require creativity on the part of nurses and others to make this possible.

Each complementary therapy chapter details how the specific therapy is implemented in countries other than the United States. Although similarities across nations and cultures in administration of the therapies are noted, cultural differences are recognized in the handling of the therapies globally. Sidebars that highlight both cross-cultural similarities and differences are included in most chapters.

Sidebar 1.1 relates the use of therapies in Palestine and their importance to health. The author also notes the transmission of these practices from generation to generation.

Sidebar 1.1. ***International Perspective—Palestine***

Jehad Adwan, Gaza, Palestine

Growing up in a refugee camp in Rafah, on the Gaza Strip, I heard stories from my parents and grandparents about how they treated their sick. My paternal grandfather, Hassan, died long before I was born, but my grandmother, Aisha, lived until I was 15 years old. Hassan was perceived by his village as man of God (*Darwish*). He once predicted, according to the story my father told us many times, that my father (his son, Zaki) would fall and hurt himself or even die while sleeping one hot summer night on the roof—as many people did during summer. He asked his wife, Aisha, to remove the large pottery jars (used to cool water off in the shade) from under the assumed spot where my father would fall. Sure enough, my father fell that night and landed on soft sand rather than on a pottery jar. He was unscathed.

(*continued*)

Sidebar 1.1. ***International Perspective—Palestine (continued)***

My grandmother inherited the skill of massage from her mother. Massaging the sick has been practiced in Palestine for many generations. My great-grandmother specialized in massage, which she learned from her mother. She incorporated hand skills and locally harvested olive and sesame seed oils with spiritual recitation of healing verses from the Qur'an. This skill is usually kept in families and handed down from mother to daughter, or father to son. I still feel her warm hands on my neck and chest as a child whenever I had a cold or sore throat. The warm oil in her hands touching my neck and chest with her firm yet gentle pressure on the troubled spot—combined with her reassuring whisper of the Qur'an verses—were hypnotizing. In a calming voice she would whisper:

> Say, I seek refuge in the Lord of daybreak from the evil of that which He created; from the evil of darkness when it settles; from the evil of the blowers in knots [witchcraft]; and from the evil of an envier when he envies. (Qur'an 113, 1–5)

Envy was often perceived as a cause of illness and misfortune in Palestine. However, as people become more accustomed to Western-style health care practices, less believe today that envy alone is the source of illness; and it's becoming more accepted that physical and environmental factors cause illness. Traditional healing, however, still exists to a large extent in rural communities that modern clinics and hospitals often cannot reach. You can find traditional healers delivering babies, fixing bones, and prescribing herbal and natural remedies for a variety of minor ailments and diseases. Some of these remedies include hibiscus teas, honey, vinegar, and numerous local herbs such as sage, thyme, and anise.

My older brother, Ra'ed, a superintendent for our hometown school district, is a strong believer in herbal medicine. We used to argue about the efficacy of these herbal remedies—he defending them, whereas I took the side of the Western-style approach of pharmacology. In retrospect, I see where he was coming from. I believe that although not all traditional Palestinian remedies do what they claim, there are elements that I do miss about them. I miss my grandmother's gentle, healing touch on my tiny neck and body as a sick little boy. I miss her comforting voice. If her touch wasn't comforting and healing to me, I don't know what else was.

IMPLICATIONS FOR NURSING

Although the term *complementary therapies* was not used, numerous therapies and their underlying philosophy have been a part of the nursing profession since its beginnings. In *Notes on Nursing* (1935/1992), Florence

Nightingale stressed the importance of creating an environment in which healing could occur and the significance of therapies such as music in the healing process. Complementary therapies today simply provide yet another opportunity for nurses to demonstrate caring for patients.

As noted in the chapters on self-care, education, practice, and research, nursing has embraced complementary practices. Although it is indeed gratifying to see that medicine and other health professions are recognizing the importance of listening and presence in the healing process, nurses need to assert that many of these therapies have been taught in nursing programs and have been practiced by nurses for centuries. Procedures such as meditation, imagery, support groups, music therapy, humor, journaling, reminiscence, caring-based approaches, massage, touch, healing touch, active listening, and presence have been practiced by nurses throughout time.

Complementary therapies are receiving increasing attention within nursing. Journals such as the *Journal of Holistic Nursing* and *Complementary Therapies for Clinical Practice* are devoted almost exclusively to complementary solutions. Many journals have devoted entire issues to exploring the use of complementary remedies. Articles inform nurses about complementary therapies and how specific procedures can be used with various patient conditions, including promoting health.

Because of the increasing use of complementary therapies by patients to whom nurses provide care, it is critical that nurses possess knowledge about these therapies. Patients expect health professionals to know about complementary therapies; nurses need such knowledge so that they can:

- Assess appropriateness and safety of therapies used
- Answer basic questions about use of complementary techniques
- Refer patients to reliable sources of information
- Suggest therapies having evidence of benefit for condition
- Provide patients with guidelines for identifying competent therapists
- Assist in determining whether insurance will reimburse for a specific therapy
- Administer a selected number of complementary remedies

Obtaining a complete health history requires that questions about the use of complementary therapies be an integral part of the health history. Many patients may not volunteer information about using complementary procedures unless they are specifically asked; others may be reluctant to share this information unless the practitioner displays an acceptance of complementary techniques. Although facts are needed about all complementary therapies, getting feedback about use of herbal preparations is critical because interactions between certain prescription drugs and certain herbal preparations may pose a threat to health.

The vast number of complementary therapies makes it impossible for nurses to be knowledgeable about all of them, but familiarity with the more common therapies will assist health providers in answering basic questions. Many organizations, professional associations, individuals, and groups have excellent websites that provide information about specific therapies. Caution is needed, however, in accepting information from any website. The NCAAM (2008b) urges that the following questions be posed:

- What group/organization operates the site and funds it?
- What is the purpose of the site?
- Where does the information originate and what guides the content presented?
- Who, such as an editorial board, selects the data contained on the site?
- How often is the content updated?
- Do links to other sites exist?
- How is information about the user of the site collected and can the user contact someone if questions arise?

Websites for specific therapies are identified throughout this book.

Assisting patients to identify criteria to use in identifying competent therapists is another role for nurses—and this is not an easy task. Because many complementary therapists are not members of a health profession, licensure and regulations often do not apply to them, and rules vary greatly from state to state. Numerous websites related to specific remedies contain information about therapists and what consumers can expect, and may also help in identifying practitioners in one's geographical area.

CONCLUSION

More and more people not only know about complementary therapies but also are using them or considering using them. Thus, it is mandatory for nurses to increase their knowledge about these therapies, which are often used in conjunction with Western biomedical treatments. Patients desire the emphasis on holistic care that underlies many complementary techniques. Holistic practice has permeated nursing for centuries. Incorporating complementary procedures into nursing care carries on this tradition.

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