

<b>Policy statement:</b>	<b>Complementary and Alternative Therapies</b>
<b>Status:</b>	<b>Not Funded</b>

M&SECCGSs do not fund standalone treatments using complementary or alternative therapies. This restriction applies equally to primary and secondary care provision, and GPs **must not** prescribe such products e.g. homeopathic remedies/supplements/desensitising injections on FP10s. This list is not exhaustive but provides examples.

#### Acupuncture

##### Osteopathy

- Children with spastic cerebral palsy
- Paediatric dysfunctional voiding
- Adults with Lumbar or Cervical pain not warranting surgical referral.
- Adults with large joint pain as part of a care pathway that may lead to joint replacement.

##### Biofeedback, for:

- Chronic constipation (biofeedback is the primary treatment option for patients with dyssynergic defecation).
- Irritable bowel syndrome.
- Levator ani syndrome.
- Migraine and tension headaches (muscle, thermal or skin biofeedback);
- Neuromuscular rehabilitation of stroke and traumatic brain injury (TBI) (policy does not cover neuromuscular electrical stimulators).
- Raynaud's disease.
- Refractory severe subjective tinnitus – See Tinnitus.
- Temporomandibular joint (TMJ) syndrome – See TMJ.
- Urinary incontinence.

##### Electrical stimulation

As an adjunct or as an alternative to the use of drugs either in the treatment of acute postoperative pain in the first 30 days after surgery, or for certain types of chronic, intractable pain not adequately responsive to other methods of treatment including, as appropriate, physical therapy and pharmacotherapy. A physician evaluated trial lasting between 1 and 2 months should determine if treatment is to continue.

##### Selected use in palliative care

- Mistletoe in cervical cancer.
- Meditation and Tai Chi in selected elderly patients with optimally treated heart failure – evidence of reduction in sympathetic activity (SIGN 95).

##### Hypnotherapy

- Severe chronic insomnia.
- IBS.

##### Manipulation and Stretching

- Selected cases of osteoarthritis of the hip as an adjunct to core treatment.
- Sub-acute and chronic low back pain of more than six weeks duration.
- Acute low back pain of less than six weeks.
- Mobilisation of the neck.

##### Complementary and Alternative Therapies

The CCGs will NOT fund the following therapies because of lack of sufficient evidence of effectiveness\* (not an exhaustive list):

- Homeopathy
- Aromatherapy
- Herbal remedies
- Clinical ecology
- Active release technique

- Acupressure
- Alexander technique
- AMMA therapy
- Antineoplastons -- see CPB 240 - Antineoplaston Therapy and Sodium-
- Apitherapy
- Applied kinesiology
- Art therapy
- Autogenous lymphocytic factor
- Auto urine therapy
- Bioenergetic therapy
- Biofield Cancell (Entelev) cancer therapy
- Bioidentical hormones
- Brain integration therapy
- Carbon dioxide therapy
- Cellular therapy
- Chelation therapy for Atherosclerosis --
- Chiropractic services
- Chung Moo Doe therapy
- Coley's toxin
- Colonic irrigation
- Clinical ecology
- Conceptual mind-body techniques
- Craniosacral therapy
- Cupping
- Dance/Movement therapy
- Digital myography
- Ear Candling
- Egoscue method
- Electrodiagnosis according to Voll (EAV)
- Equestrian therapy --
- Essential Metabolics Analysis (EMA)
- Essiac
- Feldenkrais method of exercise therapy (also known as awareness through movement)
- Flower essence
- Fresh cell therapy
- Functional intracellular analysis (also known as essential metabolic analysis, intracellular micronutrient analysis, leukocyte nutrient analysis, as well as micronutrient testing).
- Gemstone therapy
- Gerson therapy
- Glyconutrients
- Graston technique
- Greek cancer cure
- Guided imagery
- Hair analysis –
- Hako-Med machine (electromedical horizontal therapy)
- Hellerwork
- Hoxsey method
- Human placental tissue
- Hydrolysate injections
- Humor therapy
- Hydrazine sulfate
- Hypnosis
- Hyperoxygen therapy
- Immunoaugmentive therapy
- Infratronic Qi-Gong machine

- Insulin potentiation therapy
- Inversion therapy
- Iridology
- Iscador
- Juvent platform for dynamic motion therapy
- Kelley/Gonzales therapy
- Laetrile
- Live blood cell analysis
- Macrobiotic diet
- Magnet therapy
- MEDEK therapy
- Meditation/transcendental meditation
- Megavitamin therapy (also known as orthomolecular medicine)
- Meridian therapy
- Mesotherapy
- Moxibustion (except for fetal breech presentation)
- MTH-68 vaccine
- Music therapy
- Myotherapy
- Neural therapy
- Ozone therapy
- Pfrimmer deep muscle therapy
- Polarity therapy
- (Poon's) Chinese blood cleaning
- Primal therapy
- Psychodrama
- Purgings
- Qigong longevity exercises
- Ream's testing
- Reflexology (zone therapy)
- Reflex Therapy
- Reiki
- Remedial massage
- Revici's guided chemotherapy
- Rife therapy/Rife machine
- Rolfing (structural integration)
- Rubenfeld synergy method (RSM)
- 714-X (for cancer)
- Sarapin injections
- Shark cartilage products
- Telomere testing
- Therapeutic Eurythmy-movement therapy
- Therapeutic touch
- Thought field therapy (TFT) (Callahan Techniques Training)
- Trager approach
- Visceral manipulation therapy
- Whitcomb technique
- Wurn technique/clear passage therapy
- Yoga

These services/procedures have been assessed as a **Low Clinical Priority** by M&SECCGs and will not be funded unless there are **exceptional clinical circumstances**.

Individual funding requests should only be made where the patient demonstrates clinical exceptionalality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

\*Adapted from the AETNA Complementary and Alternative Medicine Policy.

Complimentary therapies are seen by an increasing number of people (with increasing requests for treatment) as a more holistic and 'natural' approach to dealing with a variety of complaints. Attractions include the comparably longer interaction time with the practitioner and the belief that such therapies will work, affecting a complex mix of factors impacting on health. However there is much uncertainty about benefit/effectiveness, evidence of complications for some therapies and considerable grounds to suspect other adverse effects may occur. Since conventional medicine also aspires to a holistic approach, this means that some alternative therapies should be considered where evidence exists.

The types of complimentary therapies covered under this policy include Homoeopathy, Acupuncture, Osteopathy, Biofeedback, Hypnotherapy, Chiropractic Therapy, Massage, Reflexology, Clinical Ecology, Aromatherapy, Herbal Remedies, Chinese medicines, Psychotherapy and Meditation. This list is not exhaustive and other treatments not listed here but that are considered 'alternative' or 'complimentary' therapies will be considered in the same way. Some procedures may be available through services in hospices and hospitals as part of a palliative care package; these are usually through charitable services and not part of commissioned services.

Some patients may also be treated as part of an integrated conventional and complimentary service for a specific condition where these are commissioned, although exceptionalality would need to be demonstrated.

### **Evidence Base**

The House of Commons Science and Technology Committee enquiry into the provision of homeopathic services within the NHS in 2009 recommended that homeopathic treatments should not be routinely available within the NHS.<sup>1</sup> The committee report included a robust review of the evidence base for a variety of homeopathic treatments but found no evidence of effectiveness for any condition from published RCTs and systematic reviews. A previous report commissioned by the Association of Directors of Public Health in 2007<sup>2</sup> and more recent reviews by AETNA<sup>3</sup> are all consistent in confirming the lack of sufficient evidence of effectiveness of homeopathic treatments despite many years of research and hundreds of studies.

There is some evidence of clinical benefit for some complimentary therapies such as acupuncture, osteopathy, biofeedback and hypnotherapy for certain conditions. For example, NICE recommends Acupuncture for up to ten sessions for the treatment of sub-acute and chronic low back pain of more than six weeks duration. NICE also suggests that manipulation and stretching should be considered as an adjunct to core treatment for osteoarthritis of the hip, sub-acute and chronic low back pain of more than six weeks duration, acute low back pain of less than six weeks duration and mobilisation of the neck.<sup>4,5,6,7</sup>