

Theoretically, this definition could apply to any healthcare practice imported into any foreign country. As expected, it applies well to traditional systems of health imported into the West. However, less predictably, it also applies to the categorization of these systems practiced in countries that have adopted Western values. For example, traditional Chinese medicine (TCM) would be expected to be part of the mainstream in countries where there is a substantial Chinese population. Yet in Singapore, for example, whose population is close to 80% Chinese, TCM is “alternative”. This is because in Singapore, which has adopted Western values and lifestyles, TCM poses challenges at all the levels mentioned above, except the cultural one.

As a possible counter example, Ayurveda could theoretically be considered alternative by TCM practitioners and *vice versa*. However, both healthcare systems are based on the concept of “energy” (Qi in TCM, Prana in Ayurveda). In addition, both systems are holistic, and the respective multifaceted treatments include re-establishing a balance, dietary considerations, exercise, and use of medicinal plants. Therefore, the fundamental differences between the two systems may be small enough that the “challenges” presented by one system to the other are only mild or virtually non-existent.

## 5. Factors Posing Challenges to Integration of Alternative Medicine

Based on our definition, it is precisely *because* practices have some traits that make them “alternative” that they have not been studied, are not used in hospitals or taught in medical schools, and are not reimbursed by healthcare insurance companies, and not *vice versa*, as is implied in the current definitions of AM. As asserted above, the requirements of *science* are not the only reason why AM is deemed “alternative”. As implied in the proposed definition, a number of other factors have played a role, either to keep these practices out of mainstream healthcare or, on the contrary, to draw attention to them, and encourage considering them as potential therapeutic

options. Below, we discuss briefly factors influencing understanding and integration of AM.

### 5.1 *Cultural Factors*

#### 5.1.1 Philosophy/ideology (holism/materialism)

Philosophical considerations are often disregarded or their importance minimized in what are considered hard-core sciences, including biomedicine. It is believed that science is indeed “objective”, and therefore, independent from the scientists’ possible *a priori* biases and beliefs. On the other hand, other systems of health are considered unscientific and unreliable, in part because of their relatively obvious connections with a dominant philosophy or religion.

As discussed previously,<sup>19</sup> traditional healthcare systems represent philosophical approaches to managing health and disease that differ substantially from those of Western biomedicine.<sup>5,13,16–18</sup> The question of what is *common* to these traditional systems has been generally overlooked. It is apparent that “spirituality” is an integral part of each. As this trait is often directly related to the dominant religion or philosophical system of the originating culture, it is taken for granted within the context of healthcare. For example, the ancient Chinese healthcare system was influenced by several spiritual schools, in particular Taoism.<sup>16</sup> Ayurveda, a traditional medical system of India, reflects the traditional Hindu world view.<sup>17</sup> Similarly, Tibetan physicians practice Buddhist meditation as an integral part of their medical training.<sup>18</sup>

In many traditional medical systems, the primary explanation for biological phenomena is based on the existence of a “vital force”, an elusive entity designated *Qi* in China, “*Ki*” in Korea and Japan, *prana* in India, *vital force* in Western traditions (e.g. homeopathy). The terms “energy” and “energy medicine” are also used with increasing frequency. However, given the scientific definition of “energy”, this designation is misleading, as nothing is known of the nature of this hypothetical entity.