

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,¹⁹ traditional healthcare systems represent philosophical approaches to managing health and disease that differ substantially from those of Western biomedicine.^{5,13,16–18} 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.¹⁶ Ayurveda, a traditional medical system of India, reflects the traditional Hindu world view.¹⁷ Similarly, Tibetan physicians practice Buddhist meditation as an integral part of their medical training.¹⁸

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.

The characteristics common to traditional systems of health (“vital force”, spirituality, and holism) also seem to distinguish them from biomedicine. Biomedicine is founded in part on materialism (in contrast to the “vital force” explanation). Materialism in this context refers to the theory that “physical matter is the only or fundamental reality, and that all beings and processes and phenomena are manifestations or results of matter.”²⁰

As it has not been scientifically demonstrated that “physical matter is the only reality,” materialism, therefore, is akin to a religion, i.e. “a system of beliefs held to with ardor and faith.”²⁰ Western “allopathic” medicine would, therefore, have the same fundamental quality as traditional systems of health – it reflects the dominant philosophical belief system of the society in which it developed.

5.1.2 Impact on medical systems

Common to many traditional cultures’ philosophy is the belief that a vital force is the underlying entity behind all life and that there is a unity underlying all diversity, implying holism (or wholism), that nothing can be considered in isolation.¹⁶⁻²⁰ In the realm of health, these principles lead to considering the person as an invisible whole, rather than as dissected anatomic parts. Thus, diagnoses and treatments are based primarily on concepts of organ functions, though not necessarily directly correlated to the actual organ entities or their anatomic locations. In addition, it is believed that health maintenance depends on a proper interaction with the environment. Hence, therapeutic interventions include stimuli (e.g. sound, color and taste) for any of the five senses, as these allow the individual to inter-relate with his/her environment. Similarly, means of communication with the “invisible” environment (e.g. meditation and prayers) form an important part of the therapeutic approach.¹⁶⁻¹⁹

Conversely, consistent with the philosophical theory of “Materialism”, biomedicine considers biological entities more or less as equal to the sum of their anatomical parts (a view opposite to

holism), and endeavors to elucidate molecular, physiological and pathological mechanisms believed to form the basis of biological processes. “Allopathic” medical treatment often logically consists of interventions chosen to interfere with identified pathological molecular processes. While biomedicine does not necessarily reject religion or spirituality, it does not routinely integrate these aspects into diagnosis and treatment (unlike traditional systems).

I believe that it is often relatively simple underlying philosophical beliefs that shape the development of a society and all the subsystems (legal and educational, etc.) within that society. In this context, it will not be surprising that philosophical underpinnings are reflected in the various factors that affect healthcare, sociological, economic and scientific/medical. The following grouping is arbitrary because, ultimately, all factors could be grouped under “philosophical” or “cultural”, as these considerations are, in our view, those that underlie the development of society. We have nevertheless arbitrarily defined three categories. A group of “sociological factors” more or less correspond to the basic structure and function of society (political and regulatory factors, competition and administrative structures). “Economic factors” have been segregated because in most cultures these considerations are the major driving force for societies’ priorities, and because they increasingly influence other values, such as ethics and education, that once were more central in guiding individuals’ lives. Finally, “scientific/medical factors” were also grouped separately, because they present a set of issues that are of particular relevance to the evaluation of AM.

5.2 *Sociological Factors*

5.2.1 Politics/regulation

The interaction of politics and healthcare is extensive, complex, and inevitable because healthcare is such a fundamental aspect of national economies, and because individual and population health status must be addressed.