

2. Background: Alternative Medicine in the United States

The current interest in AM in the US stems from the growing use of these practices by Americans.¹⁻⁵ In the US, private insurance companies largely cover healthcare costs, and subscribers' medical expenses are reimbursed in varying degree by health insurance, depending on their plans' policies. Reimbursement usually covers the accepted standard of care. Therefore, AM is, by definition, not covered by these plans, and must be paid out of the pocket. Non-reimbursed costs associated with use of AM in the US seem to have increased considerably, from US\$14 billion in 1990 to US\$21 billion in 1998,^{1,2} a figure considerably higher than that of all non-reimbursed conventional healthcare expenses. This confirms a trend of increasing use of AM that was already suspected as early as the 1980s. Reflecting this interest of the American public in alternative medical care, the American Congress, in October 1991, instructed the National Institutes of Health (NIH), the premier medical research institution in the nation, to create an office to "investigate and validate unconventional medical practices." In 1993, that office was renamed "Office of Alternative Medicine (OAM)", and in October 1998, it was elevated to the rank of an NIH Center, the National Center for Complementary and Alternative Medicine (NCCAM).

3. Current Definition of Alternative Medicine

Despite the worldwide increasing use of and attention paid to AM,⁶⁻⁸ no accepted definition of this term has been established thus far. The importance of definitions has been underestimated in that they define the scope of AM for the lay and professional public, and bias the mindset for approaching this varied and complex field. I also contend here that the "*why AM*" is essential to defining "*what is AM*". *Why* is there a field of AM in our ever-shrinking world, when the once-distant cultures that gave birth to most AM are now familiar to most? *Why* also, is there AM if science is dispassionate