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National Center for Complementary and Alternative Medicine

INTRODUCTION

The National Center for Complementary and Alternative Medicine (NCCAM), created in February 1999, is the newest funding unit of the National Institutes of Health (NIH). Congressional mandates for NCCAM include support of basic, clinical, and applied research and research training, as well as dissemination of information about the nature, safety, and effectiveness of complementary and alternative medicine (CAM). The Center promotes a broad range of approaches to scientific areas related to its mission and encourages the ideas and talents of investigators who contribute to accomplishment of this mission.

The NCCAM strategic areas and key elements include investing in research, training CAM researchers, expanding outreach, and studying traditional indigenous medicine.

NCCAM has two priorities in funding research. The first priority is to support CAM research initiatives addressing issues that include safety and effectiveness, in areas identified as having the greatest opportunity for success. The second priority is to support programs and projects that will help build domestic and international research capacity and infrastructure, both intramural and extramural.

The Center is committed to assisting in the development of a critical mass of CAM research investigators. In this context, the goals are (1) to increase the number, quality, and diversity of CAM investigators through relevant career development opportunities that expand the capacity of CAM practitioners to conduct rigorous research and (2) to enhance the CAM knowledge and experience of conventional practitioners and researchers.

NCCAM uses a variety of methods, media, and technologies to provide a timely source of evidence-based information on CAM. Goals include establishing effective dialogue with CAM stakeholders and making reliable

scientific information readily available to the public.

The Center facilitates the merger of valuable CAM and conventional approaches into a practice of "integrative medicine," thereby expanding the repertoire of ways to achieve and maintain health. Goals include ensuring that health education curricula respect and incorporate opportunities afforded by validated CAM practices and that effective CAM practices are integrated seamlessly with those of conventional medicine.

When practiced in its country of origin, CAM is often referred to as traditional, indigenous medicine. Examples include Ayurveda (India), Curanderismo (Latin America), Kampo (Japan), Native American medicine in all its variations (North America), traditional Chinese medicine (China), and Unani (India). It has been estimated that two-thirds of the world's population seek health care from sources other than conventional Western biomedicine. Although many of these people undoubtedly medicate themselves, most seek care from learned practitioners of traditional, indigenous systems of medicine.

NCCAM encourages studies evaluating the interactions of traditional and Western medicine within a country's cultural context. One question is of major importance. Are the two systems practiced independently and even antagonistically, or is there some degree of integration? In some developing countries, a patient might first consult a traditional practitioner and seek care from a Western-style physician only for unresponsive, very serious, or chronically debilitating conditions. In this setting, it is necessary to integrate the basic constructs of primary prevention into the care provided by traditional practitioners. Similarly, effective interventions of the traditional practitioner need to be incorporated by the Western-style physician.

The international character of CAM requires that NCCAM develop a broad-based international research program that reaches

out to CAM practitioners across the world. However, because the health care practices of CAM may be foreign to the conventional Western biomedical system, they must be studied in the context of the cultural base that makes them relevant. Novel, culturally sensitive research approaches are needed within the parameters of locations and populations where discrete CAM systems are practiced. These governing criteria are paramount in the collaboration of NCCAM with several NIH Institutes and Centers to establish locally based, traditional, indigenous research programs in countries where the opportunities for promising CAM research exist. This process will begin in fiscal year 2000 with establishment of a scientific program in International and Traditional Medicine Studies, which will develop a long-range blueprint for the pursuit of NCCAM-supported studies on a global scale. It is expected that NCCAM will enhance this international program by performing the following functions:

1. evaluating use of traditional medicine in the country of origin, including its relationship to conventional Western biomedicine;
2. conducting joint research with traditional healers and conventional scientists to treat or prevent disease;
3. performing controlled clinical evaluations of promising traditional interventions;
4. exchanging information on recent scientific advances and their appropriate application to public health; and
5. serving as a World Health Organization (WHO) Collaborating Center in Traditional Medicine.

NCCAM will approach these objectives by supporting relevant grants and contracts to universities and other research organizations both nationally and internationally. As an initial step in this direction, NCCAM is cosponsoring the recent NIH initiative on international studies of traditional medical

approaches to the health of women and children.

SUMMARY OF INTERNATIONAL PROGRAMS AND ACTIVITIES

Activities With International and Multinational Organizations

As part of its responsibilities as a WHO Collaborating Center in Traditional Medicine, NCCAM provided substantial input into draft WHO Guidelines for Methodologies on Research and Evaluation of Traditional Medicine. These guidelines will be discussed and made final at a WHO meeting in Hong Kong, China, in April 2000. The general objectives of the guidelines are as follows:

1. to harmonize certain important and acceptable definitions in the field of traditional medicine;

2. to summarize key issues focusing on methods for research on and evaluation of traditional medicine;

3. to improve the quality of research in the field of traditional medicine and CAM and to enhance the value of research outcomes; and

4. to provide additional appropriate and acceptable evaluation methods to facilitate establishment of regulation and registration in the field of traditional medicine.

International Meetings

The Office of Alternative Medicine, the precursor of NCCAM, cosponsored the International Cochrane Colloquium in Baltimore, Maryland, in October 1998. At this meeting, NCCAM staff presented a report

on the Use of Systematic Reviews in Alternative and Complementary Medicine.

NCCAM staff attended the Symposium on Alternative and Complementary Medicine, sponsored by Harvard Medical International, at the Asian Medical Center, in Seoul, Korea, in July 1999. NCCAM staff are serving as guest editors for a supplement on the meeting that is to be published in the *Journal of Alternative and Complementary Medicine*.

Staff also presented a report entitled Research Development in Traditional Medicine at the WHO International Symposium on Traditional Medicine, in Kobe, Japan, in November 1999. The report will be published in a WHO bulletin for the Asian region.