

Peter A. Lio · Toral Patel
Neill T. Peters · Sarah Kasprovicz

Handbook of Integrative Dermatology

An Evidence-Based
Approach

 Springer

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“To my wife, Lisa, who makes it all possible. And to my mother, Catherine, who made me possible.”

—P.A.L.

“To Neil, Alisha, Dilan, Mom, Dad, and Nilay: thank you for your unwavering love and support.”

—T.P.

“For Anju, my loving wife, best friend, and biggest supporter. Thank you for always encouraging me take on new challenges.”

—N.T.P.

“To MSR and my parents for their unconditional support.”

—S.K.

Preface

The fact that you are reading this means that you have at least some interest in integrative, alternative, or complementary medicine. But why should you? Isn't it true that—practically by definition—this approach to medicine is not evidence-based? And, as rational and responsible healthcare practitioners, isn't it our charge to focus on the evidence when treating patients? Importantly, couldn't it even be *dangerous* to learn about and discuss these treatments, since it could be perceived as an endorsement of unaccepted therapies? We think that the simple answer to all three questions is “yes”, but that the real answer is far more complex. And, as difficult as it may seem to reconcile these ideas, we feel that there are several compelling reasons to read this book:

The first is that, like it or not, many of our patients are interested in, using, or asking about alternative and complementary medicine. Indeed, the National Institutes of Health's National Center for Complementary and Alternative Medicine notes: “...many Americans, nearly 40%, use health care approaches developed outside of mainstream Western, or conventional medicine for specific conditions of overall well-being” (<http://nccam.nih.gov/health/whatisacam>). Part of being informed and able to connect with one's patients depends on understanding at least a little bit about this area, since so many people are talking about it. If for no other reason than to learn a little bit about some of these alternatives, we feel that this book is necessary.

The second is that any serious scholar of medicine knows that the vast majority of our “modern” treatment armamentarium stems from humbler beginnings. Plants used by indigenous peoples constitute the bulk of medicines that underpin all of modern therapy. Indeed, massive research efforts continue in the present day to screen natural products for bioactivity in the search for new drugs, while the promise of “rational drug design”—so exciting 20 years ago as a medical student—seems ever to remain just beyond the horizon. Thus, we look to these simpler, more elemental treatments in some ways as a preview about what could be next in conventional medicine, knowing full well that once sufficient data is amassed, such treatments instantly cease being “alternative” and enter into the mainstream.

Finally, we sail these relatively uncharted waters because, as healers, sometimes we must. As Celsus wrote: “*Satius est enim anceps auxilium experiri quam nullum.*” (It is better to try a doubtful remedy than none at all.) (Spivak 1991). Despite the best evidence, there are situations when “the disease has not read the book,” so to speak, and the patient is not responding to the treatment. Other times, the side effects of the treatments outweigh their therapeutic benefit, either actually or in the mind of the patient.

In dermatology, perhaps more than in other areas of medicine, we are faced with a large group of somewhat mysterious inflammatory conditions, most of which have very little chance for a cure. To offer hope, even if it is uncertain, is an important part of being a healer and is what makes us fundamentally different than a technician. If we are to offer any hope, however, we must learn about what is known and what evidence exists. For the naysayers who feel that there is nothing here at all, we think they will be pleasantly surprised (or particularly annoyed!) to see that there is actually a body of data for some of these treatments that, at the very least, warrants further exploration. At the same time, we hope to point out some therapies and systems that we feel are *not* worthy of more time or energy, in that they have sufficient evidence against them to put them to rest. These too, we feel, can be

helpful for clinicians trying to guide patients through these sometimes turbulent waters.

We sincerely hope that this book offers some guidance, inspiration, and support when thinking about practical alternative and complementary treatments for patients. We will continue to refine and add to this book as more evidence is obtained and, as such, view it—like all of medicine—as a perpetual work in progress.

Chicago, IL

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