Complementary and alternative medicine (CAM)

CAM therapies can generally be divided into the following categories:

- **Biologically based therapies** (eg, dietary supplements, diets, bee venom therapy, hyperbaric oxygen)
- **Mind-body therapies** (eg, guided imagery, hypnosis, meditation)
- **Alternative medical systems** (eg, traditional Chinese medicine, Ayurveda, homeopathy, chiropractic, reflexology)
- **Energy therapies** (eg, therapeutic touch, magnets)

If you decide to learn more about CAM therapies, here are some good common sense recommendations:

- **Be a wise consumer.** Beware of therapies that make “too good to be true” claims—they probably are
- **Seek advice** of a CAM practitioner, a professional who specializes in CAM and who has experience with MS. Interview several before making your decision. Investigate the person’s background, training, credentials, and area of expertise
- **Keep your healthcare team informed** about any of the CAM methods you are trying. They will help you integrate them into your treatment program and manage any possible adverse effects or drug interactions
- **Don’t abandon conventional therapy.** The treatments your physician prescribes for you are the ones that have been evaluated in controlled clinical trials or accepted by the MS medical community as safe and effective therapies. So stay with your prescribed treatments even if you decide to add CAM to your treatment plan
- **Find out much as you can** about alternative treatments before starting them. An excellent Web site to explore is www.mscenter.org

“Many people with MS use some form of conventional medical treatment, and many people also use complementary and alternative medicine (CAM).”

Allen C. Bowling, MD, PhD
Author, Complementary and Alternative Medicine and Multiple Sclerosis.
essential elements
Get Clear on Conventional and Alternative Therapies
Get Clear on Conventional and Alternative Therapies
Managing MS relapses

Relapses are known as MS flare-ups, attacks, or exacerbations. They are symptoms that often last from 1 to 3 months. It is likely that your MS was diagnosed after you experienced your first relapse.

Relapses are usually treated with a high-dose, short-term course of powerful steroids (corticosteroids), such as methylprednisolone, prednisone, or dexamethasone. The goals are to (1) reduce how severe and how long the relapse lasts by decreasing inflammation; and (2) try to minimize permanent damage from the attack.

Steroid treatments are often given by IV injection (intravenously through a needle in the arm), which injects the drug directly into the bloodstream for quick action. In the past, this could only be done in a hospital setting, but now this treatment may be performed in the comfort of one’s home. Sometimes, treatment may be given as an oral medication (pill) either throughout the course of treatment or after the intravenous therapy is complete.

It is important to tell your physician if any symptoms of your last relapse occur again. Keeping a journal, like the Essential Elements Daily Journal included in this series, is a good way to keep track of important symptoms you may be experiencing. Journaling and reporting your findings to your healthcare team will help you develop the skill of distinguishing between relapses, symptoms, and even adverse effects of treatment.

Is it a symptom? Is it a full relapse? Ways to tell.

Symptoms:
- Passing feelings such as muscle spasms, numbness and tingling sensations, slurred speech, imbalance
- Come and go quickly, from several seconds up to 2 minutes
- Occur a few times a day to a few times an hour
- Can be triggered by exercise, hot baths, smoking, stress

Relapses:
- Symptoms that last for several days to weeks
- Must be present for at least 24 to 48 hours
- No signs of infection or fever present
- Have to occur at least 30 days from a previous relapse, so that they are separated in time
Managing MS long-term

In the past 10 years, the management of MS has changed dramatically. Treatments that can actually change the course of the condition, known as immunomodulating or disease-modifying agents, have been introduced and have been used by thousands of people with MS. Studies have proven that these medications really do make a difference.

It is better to start MS therapy sooner than later. Researchers now believe that damage to the brain and spinal cord may be happening early in the development of MS, even before symptoms occur. Research has shown that the progression of MS can be slowed if you start treatment early. After beginning treatment with a disease-modifying agent, research shows that remaining on therapy produces the best results in the long run.
There are several treatments available in the United States that modify the course of MS. (see Essential Choices table). MS is a disorder of the body’s immune system and these agents act by trying to prevent the body from attacking the nervous system. Some of the most common adverse effects of drug therapy include fever, chills, muscle aches, and tiredness. For many people, these symptoms are worst during the first 90 days of therapy, then they lessen or go away completely over time.

Look for the helpful table in this publication, Essential Choices: Disease-modifying Therapies, that you can use to compare available treatments and use to discuss each with your healthcare team. As new agents are approved, you will be able to download updated comparative tables as they become available on the CMSC Web site, www.mscare.org.

Register to participate in the North American Research Committee On Multiple Sclerosis (NARCOMS) Project. The purpose of the Registry is to speed the development of new therapies and healthcare services by facilitating research in these areas.

As of December 2008, the number of people enrolling in the Registry reached 34,000 and new participants are joining every day. Please see the card attached inside your Essential Elements kit, or visit the Web site at www.mscare.org/cmsc/CMSC-NARCOMS-Information.html

The future is brighter for individuals with MS, more than any other time in medical history. The revolution in biotechnology has made modern treatments for MS possible and will continue to provide novel strategies for the development of newer and better therapies.

Managing MS symptoms
A number of treatments are available to reduce the effects of most MS symptoms, such as fatigue, spasticity, dizziness, pain, and bowel and bladder problems. Some of these medications are available by prescription, and others are available over the counter. Your healthcare team is the best source of information on how to manage your symptoms. All treatments, both prescription and nonprescription, or any changes you make in your diet or exercise routine should only be done under the guidance of your healthcare team.

In addition to medications, other strategies may be used to help treat some of the symptoms of MS. For instance, moderate exercise and yoga, as approved by your healthcare team, can help to reduce fatigue.
Complementary and alternative medicine (CAM)

Approximately 75% of people with MS in the United States use one form or another of CAM, in combination with their prescribed MS treatments. CAM therapies popular in people with MS include massage, dietary supplements, diets, chiropractic medicine, acupuncture, meditation and guided imagery, and yoga. These therapies—which come from many different disciplines and traditions—are not considered to be conventional treatments. When CAM therapies are used in combination with conventional medicine, they are referred to as “complementary;” when used instead of conventional medicine, they are referred to as “alternative.”

The following is a brief list of some MS symptoms that can be managed with prescribed medications. Of course, talk to your healthcare team to find out if any treatment might be right for you.

Medications can help these symptoms:

- **Fatigue** (Feeling tired)
- **Vertigo** (Feeling dizzy)
- **Tremor** (“The shakes”)
- **Spasticity** (Stiffness)
- **Depression** (“The blues”)
- **Bladder control issues**
- **Sexual dysfunction**
- **Memory issues**
- **Constipation**
- **Pain**