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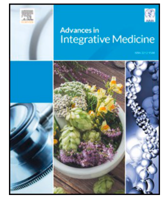

Editorial

Integrative health needs to engage with effective public health interventions on merit, not oppose them on them on principle

As we near the end of the second year of the COVID-19 pandemic, the impact of traditional, complementary and integrative health (TCIH) on COVID-19, and the impact of COVID-19 on TCIH, has been a focus of the journal. In this issue alone, we have multiple articles examining the way that TCIH practitioners and practices have adapted and evolved to meet the challenges of the pandemic [33–35]. Last year we published a special issue which included a series of articles examining the evidence for the potential role of traditional, complementary and integrative treatments in addressing COVID-19 [1–11], as well as a guide to assist others critically appraise future studies of TCIM interventions [12]. We also published commentaries calling for greater consideration and recognition of traditional medicine systems [13] and natural products [14].

But we also highlighted that TCIM may not be the only answer in addressing public health scenarios such as a pandemic [15], and that traditional and complementary health approaches were not the only tools that should be considered by integrative health professionals during COVID-19 [16]. And the 'other' part of integrative health that makes up the 'best of both worlds' – biomedical interventions – has had some remarkable successes (though admittedly some failures too) in this pandemic. The scientific and public health community's efforts to deliver a safe and effective COVID-19 vaccine is undoubtedly one of the greatest medical efforts of this or any other century. Yet this past year has drawn attention to some of the resistance towards medical interventions among some elements of the TCIH community, particularly in relation to public health interventions such as vaccination.

The extent of this opposition may be overstated, considering while a review of attitudes towards vaccination among TCIH practitioners does show a significant level of hesitancy on the topic, it also demonstrates that this is a minority opinion [17]. Similarly, while users of TCIH do appear to exhibit more hesitancy than non-users, this is also a minority opinion [18], and such variance in views is by no means limited to TCIH professionals [19]. Yet nonetheless the perception often exists that the TCIH community is largely anti-vaccination, and there are elements that certainly feed into this stereotype. However, this does not need to be the case, and given the multiple alignments between the philosophies of TCIH practice and public health [20], the TCIH and public health communities should be natural allies. On face value vaccination itself should also align with TCIH – it is a tool that is preventive, utilises the minimum dose possible, contains less adjuvants or contaminants than many nutritional supplements, and trains the body's own innate healing responses to fight disease and promote health.

Then if this is the case, why do these perceptions exist? While it is true that early proponents of traditional medicine systems such as naturopathy and chiropractic opposed vaccination, they did so because they rejected germ theory itself [21], upon which the mechanism of action of wholly vaccination depended. TCIH professions have moved on from these ideas in the same way that biomedicine has moved on from bloodletting. 'Drugless' therapies such as early adherents of naturopathy were concerned about the 'toxic' pharmaceutical or pharmacological nature of vaccines, but it should also be noted that they were equally as opposed to other drug systems such as homeopathy and botanical medicine [22].

It is also worth noting that not all traditional medical systems were opposed. The founder of homeopathy Samuel Hahnemann viewed vaccination (which emerged around the same time as his own therapy) as an extension of his own therapy, rather than something opposed to it [23]. In fact, the most vociferous opposition to 'homeopathic vaccination' – the most commonly promoted 'alternative' to vaccination – has come not from the scientific community, but from the professional homeopathic community, which hold the very idea of homeopathic vaccination to be wholly inconsistent and incompatible with homeopathic theory [24–26]. In Australia – where traditional medicine claims are allowed on products – it has even served as precedent in validating the use of traditional claims in the courts, as this inconsistency with homeopathic theory, rather than paucity of scientific evidence, is the primary reason for courts dismissing homeopathic 'vaccination' claims [27].

Where most of the opposition seems to come from is not from philosophy or historical arguments, but rather from reactionary opposition to medical interventions, drawn primarily from inter-professional tensions between TCIH and biomedicine. Early examples of this can be seen in Australian naturopathic journals from nearly a century ago, which not only supported vaccination but accused biomedicine of stealing the intervention without acknowledgement from traditional medicine communities [28]. Towards the middle of the century TCIH professions become more associated with counter-cultural movements than they did any underlying philosophical unity [29], becoming 'alternative' medicine rather than 'traditional'. Gort and Coburn described Canadian naturopathy at this time as being "shaped by its status as a marginal profession,

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assuming oppositional postures irrelevant to its core doctrine and that has contributed to its marginal status" [30].

It is time to refocus on the core doctrines of TCIH and shake of those oppositional postures. TCIH should be about patient-centred medicine, whole health, prevention, treating underlying causes and patient empowerment, not about doing the opposite of what our biomedical or public health colleagues do. This does not mean that we can't be critical of public health measures where appropriate – I myself have written on how many aspects of the Australian government's COVID-19 response were heavy-handed, ineffective, and risked reducing the public's trust in public health measures [31]. Even my colleague and friend Professor Michael Moore – former president of the World Federation of Public Health Associations – would agree, having written his thesis on the role of public health as a 'critical friend' to governments and policy makers [32]. Being a 'critical friend' advising against specific courses of action on their merits is something we should be encouraging in the TCIH community, but reactionary oppositional stances is not.

In natural health we talk about the therapeutic hierarchy. This recommends using low level interventions which encourage self-healing processes to avoid more intrusive and invasive therapies where possible. Vaccines – once properly tested and assessed for safety and efficacy – clearly fit this bill. They are a minimal dose, preventive intervention that support and develop the body's own healing resources to fight disease, and offer the opportunity to avoid the alternative of aggressive treatment and management of infection and associated symptoms later on. Looking objectively, vaccines may have more in common with TCIH approaches than differences, and there may be a valuable role in using TCIH to minimise potential risks and maximise the effectiveness of vaccines.

Ultimately vaccination, like the use of TCIH, is a matter of personal choice. But as someone passionate about both TCIH and public health, it's one I would highly recommend people take up, and the TCIH community support. The TCIH community needs to engage with effective public health interventions on merit, not oppose them on them on principle.

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