

**Winston Churchill Memorial Trust Travelling  
Fellowship Report**

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**“Complementary and Alternative Medicine in New  
Zealand”**

## **Fellowship Report**

### **Section One**

I chose to investigate Complementary and Alternative Medicine (CAM) for low back pain (LBP) in New Zealand for a number of reasons. I have a strong interest in complementary therapies, and have studied the effects of several therapies, particularly reflexology as part of a Ph.D. thesis. The findings from my thesis, coupled with my personal experience of CAM inspired me to begin looking at other countries which have a tradition of using native and complementary therapies to see how they are incorporated into their healthcare system. New Zealand has a strong tradition of using native plants, sea-life, massage, spiritual prayer and ritual to promote healing and health through its Maori community. Other inhabitants of New Zealand include a large Chinese and Indian community which adds to the country's diversity and range of alternative healthcare philosophies. I decided to focus particularly on LBP as it is one of the most common medical complaints of the Western population (van Tulder et al, 2000). It contributes largely to medical expenses within the United Kingdom (UK), both through the National Health Service (NHS) and private sector, and to the economy as a whole due to work absenteeism and disability benefits (CSAG, 1994). I decided to use the University of Otago in New Zealand as a base for my research as it is currently involved in several projects involving CAM within its physiotherapy research unit. It also provided me with an excellent source for contact details of people from many different cultural and professional backgrounds including physiotherapists, Maori practitioners and health workers, Samoan community workers, complementary therapists and lecturers, and employees from the Ministry of Health.

The following sections of my report will provide more details of the experiences I shared with each of these groups of people.

## **Maori Traditional Healing**

The mainstream healthcare system in New Zealand is modelled on those of other developed countries; most external observers would see many parallels (and probably little difference) between the healthcare system within the country and (say) the UK or Canada. However, the country is unique from westernised countries in its treatment of CAM, and in particular the place of Maori medicine, based upon the health beliefs of the original settlers of the islands who emigrated from Polynesia between 600 A.D. and 1350 A.D. (Pool, 1991). Maori traditional healing involves using a range of approaches designed to address both the physical and spiritual aspects of healing; as part of this the healer incorporates *rongoa* (herbal remedies), *mirimiri* (massage), and *karakia* (spiritual prayer) into their treatment regime (Maori health, 2006). The Maori people realised the importance of healthy communities, and a health system which complemented the close relationship between humans and nature. The maintenance of this relationship depended strongly on the concept of *tapu* and *noa*. Placing *tapu* on a person or place rendered them as ‘Sacred’ and contact with a person or place with a *tapu* was not permitted: for example, recently bereaved relatives were *tapu*. The idea behind this concept was that contamination or spread of disease was reduced. When a situation was deemed ‘safe’ again, the *tapu* was lifted and *noa*, a relaxed state, was restored (Durie, 1994).

Maori healers use a wide variety of plants to treat a range of illnesses and conditions. One of the highlights of my fellowship was a visit to *Te Roopu Huihuinga Hauora* clinic in Hawkes Bay in the North Island. Here, I spent several days with Mrs. Sue Hawkins, a traditional Maori practitioner. I observed the gathering and preparation of leaves from *Makomako* (Wineberry tree), which is mainly used to treat musculoskeletal conditions,

including back pain and rheumatoid arthritis, but may also be used to treat burns and sore eyes (Williams, 1999). The leaves are prepared by either finely chopping and drying the leaves and consuming as a tea, or by mixing with pig fat to form a paste which is applied to the affected area.



Fig. 1 Makomako plant (tallest) used for the treatment of LBP. Courtesy of Mrs. Sue Hawkins. For further photographs on plants and preparations, see Appendix.

During my visit, I asked Sue a number of questions regarding Maori medicine and her client base. Like the majority of Maori healers, Sue gained her expertise from an older relative (grand-father). The gift of healing is passed down from the healer to a chosen member of the family. Sue has trained both her daughters in Maori healing to ensure that the tradition is carried on to further generations.

Maori healing differs from conventional medicine in several ways. The person is treated holistically, and not solely for the ailment with which they present. Many factors are examined to try to determine the cause or recurrence of illness, particularly lifestyle, diet, and psychological factors such as stress, anxiety, or depression. An important part of Maori medicine is the close relationship between humans and nature. Any product from the earth must be treated with respect, and any plant waste which remains after herbal preparations is returned and buried in the site from which it was harvested. This is to complete the natural cycle as Mother Earth is seen as an essential part of Maori healing.

Approximately 40% of patients attending the Hawkes Bay clinic suffer from LBP. I asked Sue what treatments she used for LBP patients. The following is her reply:

*“First we would have a consultation to see what caused the LBP - how did they get it, what the injury is, what medication they had beforehand, and begin from there. I would use the New Zealand Wineberry Tree (Makomako). I find it highly effective in treating LBP. It also depends on how it is used. I may also use some spiritual healing by praying with the person. It must be a holistic treatment - medication alone should not be relied on. There may be other factors to consider such as their mattress, how they sit, their diet etc.”*

Perhaps surprisingly to visitors, Maori traditional healing services are funded by the New Zealand Ministry of Health under the terms of the Treaty of Waitangi, and are designed to be culturally sensitive to Maori *iwi* (community) and focus on *whanau ora* (family health and well-being). The services are accessed by either self-referral, referral by another Maori agency, or by conventional medical services. Although the clinics mainly provide for people of Maori background, they may be accessed by people from any cultural background. The Hawkes Bay clinic, like many clinics within New Zealand, have a close relationship with other healthcare practitioners both conventional and complementary, including general practitioners, physiotherapists, acupuncturists, traditional Chinese medicine practitioners, and massage therapists.

With the availability of access to Maori medicine clinics, in the primary sector, New Zealanders have the choice of attending either conventional GP surgeries, physiotherapy clinics, or Maori clinics as their first point of call. Interestingly, it would appear that both physiotherapists and complementary therapist have recognised the importance of collaborative working as potentially providing best treatment outcomes in more intractable conditions.

## **Perception and use of CAM among physiotherapists and complementary therapists**

Another aspect of my fellowship involved conducting interviews with physiotherapists and complementary therapists throughout New Zealand. The interviews were designed to gain information on therapists' views and use of complementary and alternative medicine (CAM). The main points discussed were defining CAM, ideas on theories on the mechanism of CAM, unique aspects of CAM, particularly in New Zealand, and the types and combinations of therapies which they use in their practice. The UK House of Lords 6<sup>th</sup> report on science and technology (2000) remarked that although a range of definitions of CAM exist, the CAM community has not been able to agree on a single definition of CAM. When therapists sampled were asked to define CAM, a variety of definitions were given. These ranged from 'anything which is not mainstream', 'something which the Doctor doesn't deliver', to 'an approach to healthcare which integrates and incorporates the whole person'. Similarly, therapists sampled presented a range of ideas when asked how they thought CAM worked. It was quite interesting to note here that although some therapists suggested a number of theories on how they believed the therapy which they practiced worked, e.g. Meridian lines, unblocking energy channels, other therapists believed it was through patient - therapist interaction and the patient's willingness to improve their health rather than an actual physiological method.

The majority of therapists sampled believed that CAM has several advantages over conventional medicine. They admire the holistic philosophy of CAM treatments and that the mind is not regarded as a separate entity from the body, but that the whole body is interlinked. The holistic approach to healthcare may also enable the patient to more fully

understand their illness and make it more personally relevant to them. More time is spent with the patient than conventional medicine treatment, with the average CAM treatment lasting for approximately one hour. All these factors may lead to a greater extent of patient satisfaction, and may lead to greater compliance with treatment and a desire to self-help. Several therapists were keen to point out that Humans are extremely complex beings. Pain may be a manifestation of a number of factors, for example, low self-esteem, stress at work, issues from teenage years. Until the complexity of humans is realised by the practitioner, they are not being treated as well as they could be.

Therapists sampled were divided in opinion when asked whether they believed osteopathy, chiropractic, acupuncture, and massage are CAM or conventional therapies. Half of therapists agreed that they were CAM therapies, while the remaining therapists stated that it depended on the practitioner and their philosophy to treatment. Interestingly, almost all of those sampled agreed that these therapies may be interchangeable as CAM / conventional treatments depending on the type of therapist delivering the treatment. One of the most interesting and insightful interviews which I conducted was with Ms. Jo Smith, a massage lecturer at the Southern Institute of Technology, Invercargill. Jo has also trained as a physiotherapist and was consequently extremely informative regarding this issue.

Below are two questions and responses taken from our interview:

*Q. “Do you consider osteopathy, chiropractic, massage, and acupuncture to be CAM?”*

*A. “No, I think they can be interchangeable depending on the practitioner and their education, their level of qualification, attitude, and their approach to healing.”*

*Q. “As a physiotherapists and massage therapist, do you perform two different types of massage depending on which role you are in at that moment?”*

*A. “No, once I had a role as a physiotherapist, I always performed massage as a massage therapist which set me apart from other physiotherapists. I never engaged in the physiotherapy massage approach, which is more like ‘fixing a couple of spots’. The two techniques are different in the strokes, time frames, and the sequences they use. Massage therapy is more focused on the activity of the whole body and how the tissue is linked. Physiotherapists may be different because of the funding basis, for example, it might be difficult to explain to a funding body why you are treating the back for neck pain.”*

*Q. “What is the difference between Western and Traditional Acupuncture?”*

*A. “The difference is in the selection of points. I did learn the philosophy of both but I chose Western acupuncture out of respect for the Eastern approach as the Eastern approach requires such an in-depth knowledge that I felt I was just able to ‘dabble’. If you are only dabbling then you have the potential to do damage to your client.”*

I also asked therapists if they felt there was anything special about CAM in New Zealand. Almost all therapists mentioned the traditional use of Maori medicine in response to this question. As discussed previously, New Zealanders have the choice of attending either conventional GP surgeries, physiotherapy clinics, or Maori clinics as their first point of call. Interestingly, both physiotherapists and complementary therapist recognise that working in conjunction would possibly produce the best treatment outcome, as CAM addresses the psychological aspects of ill-health and gives the patient a chance to be listened to. Some therapists also remarked some natural products unique to New Zealand e.g. the green-lipped mussel, which has been shown by some trials and case studies to

improve symptoms of rheumatoid arthritis. While visiting the Wellington School of Medicine, I met with Dr. Paul Davis, Director of the Bioactivity investigation group at the Wellington School of Medicine. The group is currently overseeing several CAM projects, particularly in the natural products area to validate claims of effectiveness and identify new activity. Several projects are working in conjunction with Maori traditional healers to obtain information on the various plant species which they use to treat illness. They gain information on how the plant is treated, in what conditions, and how it is administered. The properties and application of these plants are then investigated with methodological rigour. In June 2001, the Bioactivity investigation group, in conjunction with the University of Waikato, and researchers from the Crown Research Institute were awarded \$960,000 of Government funding to consolidate knowledge of traditional Maori medicine and to develop it for the benefit of all New Zealanders. This is an excellent example of traditional healers, researchers, and government funding bodies working in collaboration to try to establish or improve new treatments for a variety of conditions.

## **Accident Compensation Corporation and the National Health Committee**

A further unique aspect of healthcare in New Zealand is the existence of the Accident Compensation Corporation (ACC), a Crown entity which offers personal injury cover for all New Zealand citizens. As part of its injury prevention program for older adults, ACC supports a T'ai Chi programme designed to improve balance, and thus reduce the number of falls in elderly clients. Currently, there is limited evidence available to support the use of T'ai Chi in injury prevention, therefore ACC are also funding a research project jointly conducted by the University of Otago and Auckland University of Technology to investigate its clinical effectiveness. It is encouraging to observe a government organisation fund a large research project investigating a form of CAM, as well as offering it as a therapeutic option to its clients free of charge.

In addition to ACC recognising the potential of complementary therapies, the Ministry of Health established the Ministerial Advisory Committee on Complementary and Alternative Health (MACCAH) in July 2001 to independently advise the Minister of Health on CAM in New Zealand. The National Health Committee (NHC), although based within the Ministry of Health, reports to the Minister regarding issues of concern to the Nation. The committee aimed to address a range of issues including providing information and advice to the Minister on healthcare, to provide advice on regulation of CAM, and to provide advice on integration of CAM into mainstream medicine. Approximately one in four New Zealanders visited a complementary and alternative health practitioner in 2002-03. Despite the apparent popularity of CAM in New Zealand, little research has been undertaken in this area. District Health Boards (DHB), established in New Zealand in January 2001, are responsible for providing, or funding the provision

of health and disability services in their district. I met with three members of the NHC in Wellington in May 2006. We discussed the issue of CAM services being publicly funded. They explained that it is difficult to assess which CAM therapies are being publicly funded as there are two ways in which people can seek CAM treatments. One is through their DHB and the other is through private practitioners of CAM services. The primary healthcare system in New Zealand is quite independent, so General Practitioners (GP) operate as businesses; they are not employed by the DHB but by the state. They receive payments from the state for seeing clients, and they independently employ nursing staff. Some may have an interest in CAM and refer to CAM practitioners. We also discussed at length the MACCAH report. The main focus to come out of the MACCAH report was the importance of consumer information to make sure that they are able to make informed decisions. One of the decisions which the Ministry took as a result of that was to set up a CAM website. It's designed to take information from reviews of CAM treatments for particular conditions and translate the information into a language which is easy to understand for consumers. The website was advertised when it was launched, however the uptake of the website was not as successful as expected. Reasons for the limited use of this website may be that the volume of information on CAM therapies is limited and many conditions have yet to have any research conducted regarding the effectiveness of CAM. MACCAH has recommended that the Ministry of Health should fund bodies to research CAM, with DHBs encouraged to perform pilot studies of integration. The report recommends that the Minister should develop a framework to co-ordinate CAM expertise and build CAM capacity to evaluate safety and efficacy of CAM, in order to help facilitate further integration of biomedicine and CAM.

In keeping with developments elsewhere, CAM has increased in popularity in recent years. Traditional medicine in New Zealand i.e. Maori medicine appears to have already established a degree of integration with conventional medicine, and provides an important service to both Maori and those from other cultural backgrounds. Integration of CAM with conventional medicine in New Zealand has the potential to be extremely useful, not only in the treatment of disease, but also in maintaining health and well-being, especially in a country with marked differences in morbidity and life expectancy between the Maori and the general population. However, as with many other countries, CAM lacks a research infrastructure and solid regulatory system. It will be interesting to observe what steps are taken in the future to improve on these weaknesses.

## **Implications for CAM use in the UK**

As mentioned previously, the Maori and Pacific Island population have significantly poorer health than any other ethnic group within New Zealand. In response to this the New Zealand government have established and provide funding for Maori traditional medicine clinics which are designed to provide better access to information and improve decision making at community level. The philosophy of Maori healing differs from Western medicine in that it takes a holistic view point and believes in treating the whole person, not simply the ailment which they present with. Within the UK, people from socioeconomically deprived areas are more likely to suffer from poorer health than their more affluent counterparts, particularly from chronic conditions. By promoting ‘whole body’ well being and improving education regarding complementary and alternative therapies available, CAM may be able to fill the ‘effectiveness gaps’ which current conventional medical treatments are not adequately managing. A holistic form of treatment may also encourage the patient to take a greater interest in their general well being and address psychological factors such as stress, anxiety, or depression, which are often associated with exacerbating chronic ailments. As patients in financially deprived areas are unlikely to be able to pay for CAM treatments themselves, serious consideration should be given to providing CAM therapies on the National Health Service (NHS).

CAM research is severely under funded in New Zealand, a situation similar to that in the UK. Some research is currently being funded by the government, for example the T’ai Chi program in collaboration with the University of Otago and Auckland University of Technology, however a greater CAM research infrastructure is needed. Although the

NHC at the Ministry of Health is continuing to locate trials and reviews of CAM for a range of conditions, more funding is needed to perform high quality research so that patients can make a more informed decision regarding their choice of healthcare treatment. Both physiotherapists and complementary therapists sampled recognised that working in conjunction would possibly produce the best treatment outcome, as CAM addresses the psychological aspects of ill-health and gives the patient a chance to be listened to. Conventional healthcare workers and CAM practitioners within the UK should be encouraged to collaborate with one another to provide the optimum treatment package for their patients.

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Finally, I would like to take this opportunity to express how much I enjoyed my fellowship. New Zealand is a spectacular country, with stunning scenery and activities to suit everyone’s tastes. I found the New Zealand people to be extremely friendly and accommodating. I would highly recommend a visit!

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