Complementary and alternative medicine (CAMs)
The Multiple Sclerosis Society

More than 100,000 people live with multiple sclerosis in the UK. Every one of them shares the uncertainty of life with MS.

We’re funding research and fighting for better treatment and care to help people with MS take control of their lives.

With your support, we will beat MS.

As a charity, we rely on the generosity of people like you to fund our vital work. Thousands of people affected by MS turn to us for help and advice each year, and we want to make sure we are there for them whenever they need us. If you would like to make a donation, you can do so by:

- Calling us on: 0300 500 8084. Lines are open Monday to Friday, 9am – 5pm
- Visiting us at: mssociety.org.uk/donate
- Posting your donation to: MS Society, National Centre, 372 Edgware Road, London NW2 6ND. Please make cheques payable to the ‘MS Society.’

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www.mssociety.org.uk
Many people with multiple sclerosis (MS) say that complementary and alternative medicines (CAMs) help them feel better. It’s estimated that between 50-75% of people with MS have used complementary or alternative medicine as part of their lifestyle.

Some people feel that traditional medicine doesn’t have all the answers, or that using CAMs gives them more control over their health and well-being. Others find the ‘holistic’ approach (looking at the whole person, not just the illness) to treatment appealing, as this approach looks beyond the physical and takes emotional and spiritual issues into account too.

As well as any direct therapeutic benefits, CAMs can offer psychological help. You might feel that you’ve lost control of your body and traditional medicine can offer no cure and, in some cases, only limited help with symptoms. Following a therapy from outside the mainstream of medicine can offer you a feeling of regaining some sort of control. Even if particular therapies that are tried are not helpful, the process of exploring and experimenting with CAMs can have its own benefits.

This booklet looks at some of the complementary and alternative therapies commonly used by people with MS. But you might come across others, so we also look at things to consider before choosing any therapy:

• is there evidence to show that it works?

• is it appropriate for you?

• how can you find a properly trained and qualified practitioner?

There are also some other non-standard therapies available that are generally less well known and are not normally included in the listings of complementary and alternative medicine. We’ve included these because they are sometimes targeted at people with MS.
What is complementary and alternative medicine?

Complementary and alternative medicine (CAMs) is the name of a group of therapies which aren’t considered to be part of mainstream medical care. There are many different types of CAMs. The most popular in the UK are acupuncture, chiropractic, herbalism, homeopathy and osteopathy.

What do ‘complementary’, ‘alternative’, ‘holistic’ and ‘natural’ mean?

Therapies might be used in a ‘complementary’ or ‘alternative’ way. They might also be described as ‘holistic’ or ‘natural’.

- Complementary – used alongside regular health care. Most people with MS follow the complementary approach.
- Alternative – used instead of conventional health care.
- Holistic – therapies that address emotional and spiritual issues as well as physical.
- Natural – this can be misleading. Some ‘natural’ products such as snake venom, or even radioactive chemicals, are harmful. Also, many CAMs are processed and are as ‘unnatural’ as any other drugs.

Can I believe the claims?

There’s a lot of information available about CAMs, including a range of books and many websites. The problem can be finding information that’s objective and accurate.

This is a particular problem when looking online, where information is easily accessible, but often of questionable quality. Anyone can publish a website, without needing to supply names, qualifications or sources, let alone whether the information is based on scientific research.

There are numerous sales pitches that include personal statements and anecdotal claims about all kinds of treatments. If you’re considering using a CAM therapy, be wary of products that make big
Promises, say they’re scientifically proven or can ‘cure MS’. They might raise expectations to sell the product, but could be a waste of money or have disappointing results.

The charity Sense about Science (see page 37) has information that can help you to judge whether or not to believe the claims about a particular therapy. You can also look out for this logo:

It’s the mark that the information is produced under the Information Standard, a quality standard introduced by the Department of Health. This aims to help people to quickly identify reliable sources of quality, evidence-based information.

In addition, some CAMs might be harmful, or have dangerous interactions with other medications. For this reason, you should talk to your doctor before deciding to use any CAMs, as you would for prescription treatments.

While many people report that a CAM has helped them, others give it up as they feel it has little or no impact. One research study that questioned more than 3,000 people with MS found that over 55% of those who had tried a CAM stopped because they felt it was ineffective.

**Have clinical trials tested what works?**

People often ask if there’s any ‘evidence’ that a particular treatment works. In comparison to conventional medicine, very little research has been done on CAMs.

There have been some clinical trials to test the effectiveness of CAMs in treating MS (see under the individual therapies). Compared to the number of clinical trials looking at conventional medicine, this area is still poorly researched. Some researchers have also raised questions about the quality and design of the trials completed for CAMs in MS.
One reason for the lack of quality research in this area is that CAMs might not be suited to traditional research methods.

However, this is beginning to change as practitioners become more aware of the value of research and finding ways to test their approaches.

Many training courses now include research skills. Sources of funding, such as the NHS research and development programme, are now more open to complementary researchers.

The MS Society is open to funding research into the use of CAMs in MS.

**Does this mean they don’t work?**

Even though there’s a lack of clinical evidence, this doesn’t necessarily mean CAMs don’t benefit some people with MS. One US research study showed that over half of all people with MS who had tried various CAMs including yoga, herbal treatment, chiropractic, massage, and nutritional supplements, thought they had been helpful.
What NICE says

The National Institute for Health and Care Excellence (NICE) is a government organisation that decides if treatments work and are worth the money they might cost the Health Service. Their guideline on MS sets out how MS should be treated by the NHS in England, Wales and Northern Ireland. Their recommendations are based on research evidence.

The guideline says that there’s some evidence that reflexology, massage, t’ai chi, magnetic field therapy, neural therapy, fish oils and the combination of some forms of complementary therapy (known as ‘multi-modal therapy’) may be helpful for people with MS in terms of their general sense of well-being. However, it goes on to say there’s not enough research evidence to give firm recommendations.

The guideline doesn’t mention CAMs that haven’t been well researched in relation to MS. This means that the therapies listed aren’t necessarily those that people with MS most frequently use or know about.

But by including complementary and alternative medicine in the MS guideline, NICE has helped bring these therapies out into the open. You don’t need to feel reluctant to talk to your doctors about therapies you want to try or are using – quite the opposite – and the NICE guideline recommends you do just that.
Availability and cost

Even if they’re available on the NHS, you might be asked to pay something towards the costs of your CAMs. Do check before you go for any appointments.

**GP surgeries**
Almost half of GP practices in England now provide access to some CAMs for NHS patients.
Each local practice, primary care trust or hospital trust decides individually whether or not they’ll provide these therapies on the NHS. If they do, they might have complementary and alternative medicine practitioners working alongside doctors, or doctors might provide it themselves.

**Other NHS providers**
CAMs are also often provided by hospices, palliative care services, and some hospitals and pain clinics.

**Paying privately**
If you can’t get a particular CAM on the NHS, most are easy to access privately. Charges for individual appointments and for full courses of treatment can vary significantly, so check costs before making a commitment.

Be wary if a practitioner pushes you to book many sessions and pay for them in advance, or to ‘bulk buy’ any products. Also, if a therapy seems to be excessively expensive, it’s a good idea to check what the typical costs are for that treatment with one of the regulatory bodies.

**Health insurance schemes**
Some private health insurance schemes and medical cash plans cover the costs of selected CAMs. Alternatively, some local Healthy Living Centres and MS National Therapy Centres (MS Therapy Centres in Scotland) may cover them.
There are many different types of CAMs, so deciding what might help can be overwhelming. While some people may find one type of therapy works well for them, another person may find they don’t get the same benefit.

You might consider a number of therapies before making a final decision. Later in this booklet we outline some of the most popular ones, and also include a list of other non-standard therapies suitable for people with MS.

If you’re interested in a particular therapy, it’s a good idea to take the time to find out how that particular therapy is regulated and to discuss it with your doctor.

Why talk to the doctor?

These therapies might have an effect on treatments you already take – known as contraindications. Never change or stop taking prescribed medication without talking to your doctor first. The new therapy might even have a negative impact on your MS symptoms, which your doctor might need to be aware of.

Who provides the therapy?

To cover the whole range of people who might provide a complementary or alternative therapy, we use the term ‘practitioner’. Examples include an acupuncturist, chiropractor, homeopath, massage therapist or osteopath.

Are they regulated?

There is little regulation of many complementary and alternative medicine practitioners, and in some cases it can be easy for anyone to set themselves up as a practitioner. Key exceptions to this are osteopathy and chiropractic, both of which have strong regulatory bodies that have been established by law.

What does membership of a professional body really mean?

It’s important to choose a practitioner who belongs to a professional organisation or regulatory body, where possible.
Membership requirements vary, so it’s worth checking these so you can establish the practitioner’s qualifications.

Membership could be based on any number of different things – completing a programme of academic study, a specified number of hours of clinical training, or an interview and assessment. If you find out they have had very little training, for example, you may not wish to use them.

When deciding if a practitioner is ‘fit for purpose’ you may want to check if they have a specific qualification or the number of years they have been practicing. This is better than relying on the fact that he or she has paid a membership fee to belong to a professional organisation. That may not be a wise decision to base your choice on.

In some cases, there might be more than one regulatory body, so you might want to check if a practitioner is also a member of any other bodies.

How can I find a practitioner?

Some people find a practitioner through their doctor, MS nurse or another member of their health care team. Others look for one independently. In either case, it makes sense to check out their qualifications and how their therapy is regulated. Many regulatory organisations provide advice and details of practitioners in your area. See ‘Useful organisations’ on page 35.

If you are using their services to find a practitioner, you might want to ask the professional body:

- how long has the organisation existed and how many members do they have?
- how do practitioners register and must they pay a fee?
- what training or qualifications must members have?
- is there a complaints procedure and a system for removing a practitioner from the register?
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if there have been complaints against them in the past?

• can the organisation provide a list of practitioners? Word of mouth can also be a useful way of finding a practitioner. It’s important to check if the practitioner is trained and registered with a regulatory or professional organisation.

What should I do before making an appointment?

Once you’ve found a practitioner, or if you already have a practitioner in mind, you should talk to them to establish if the therapy they offer is appropriate for you. It’s recommended you check the following before you commit to an appointment:

• are they a member of a regulatory body or professional organisation, and if they are, what does membership entail?

• how long did they train for, what qualifications do they have, and how long have they been practising?

• how does the treatment work and feel, what are the benefits?

• does the practitioner have experience of treating people with MS, and is the method appropriate for someone who has MS?

• are they insured so that you can be compensated if anything goes wrong (for example, professional indemnity insurance)? This not only means you can be compensated if something goes wrong, it also highlights good professional standards

• what’s the cost of a full course of treatment and does the first appointment cost more?

• how long is the course of treatment likely to be?

• does the practitioner have any information about their practice and the therapy that they can send out to you in advance?

• is there any preparation you should make before treatment? For example, not eating for a short time or wearing a particular type of clothing.
Which therapy do I use?

- is a record of treatment and outcomes kept? And can you have access to information, for example if you want a copy of records for your doctor or neurologist?

- is there appropriate access to the clinic or place of practise?

At the appointment

Before the treatment begins, make sure the practitioner is aware of your MS, any other medical conditions you have and any medications you take. At the appointment, the practitioner should take a full history of your condition and explain what the process will involve. They should welcome any questions you have and keep you well informed throughout the treatment period.

The practitioner should tell you to see your doctor if they realise you might have something serious that your doctor doesn’t know about, or if they identify any further health conditions that you or your doctor aren’t aware of.

They should also tell you if they can’t help, and if possible suggest someone else more appropriate.

What should I do if I am unhappy with a treatment?

Perhaps you don’t like the treatment or the way it makes you feel; it isn’t working for you; you have been hurt or injured; or you don’t like the way the practitioner is behaving towards you. Some of these problems can be relatively easy to sort out, others aren’t.

The first thing is to try to explain to your practitioner what the problem is. If there’s an issue with the treatment, maybe it can be adapted to suit you better. Or perhaps this particular treatment isn’t the one for you.

As with conventional medicine, it’s important for you to have a good professional relationship with your practitioner. This will help you get the best out of a treatment. But relationships don’t always work. If you find there are problems, it may be best to find a different practitioner.
If you need to complain

If you can’t solve the problem by talking to your practitioner, or you’re not satisfied with a treatment, you might want to complain.

Making a complaint can be distressing and time consuming, and you might want to talk this through with a friend and have someone to support you with the process.

There are different approaches to complaints, depending on whether you accessed your practitioner through the NHS or privately.

Through the NHS

One approach is to first talk about any problems with your doctor or the complementary health care service manager (if there is one). This might resolve the issue. You can also use the standard NHS complaints process. There are organisations in each part of the UK to help you through this process.

In England, contact the Patient Advice and Liaison Service (PALS) who can answer questions, problems or concerns of a non-medical kind. The PALS number is available from a doctor’s surgery or hospital. PALS can also help you with the complaints procedure.

In Scotland, you need to contact the trust or health board patient liaison or complaints officer. Each health board area also has an Independent Advice and Support Service, run by Citizens Advice, which can support you to make a complaint.

In Wales, the trust or local health board complaints manager is responsible.

In Northern Ireland, the local health and social services board is responsible for complaints within the NHS.

Privately

The first thing is to contact any regulatory authority or professional association of which the practitioner is a member. Ask if they have a complaints procedure.

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and use this if appropriate. There may also be a complaints procedure associated with a practitioner’s clinic.

Many practitioners will also be insured, so if you have been hurt or injured you may be able to get compensation this way. However, many types of complementary and alternative medicines aren’t regulated by law, and not all professional associations have complaints procedures or will help you with a complaint. This is why it’s a good idea to ask all those questions on listed under ‘What should I do before making an appointment?’

**If you’ve been harmed or abused**

Whether you accessed your practitioner privately or through the NHS, if you feel they violated professional boundaries, you can contact the Clinic for Boundaries Studies for support. There’s also a charity called Action against Medical Accidents (see page 35) which aims to help people who’ve been harmed during a health care treatment.

**False claims and advertising**

If you think your CAM hasn’t lived up to claims made about it or you’ve been misled, you might want to contact the Advertising Standards Authority (ASA) and register a complaint.

The ASA oversees advertising wherever it appears – on TV, in newspapers, magazines, direct mail or web adverts (such as banners, pop-ups and email sale promotions). The ASA can tell you what can and can’t be said about a particular product. Unqualified claims about ‘cures’ are generally considered unacceptable and the ASA can help to get advertisements withdrawn.

If you’ve already paid for a treatment and want your money back as you feel you’ve been misled, you might want to contact your local Trading Standards or Citizens Advice Bureau (See *Useful organisations* page 35).
Types of complementary and alternative medicine

This is a summary of the CAMs that people with MS most commonly ask about, as well as therapies that have been researched in treating MS.

It’s not a list of therapies recommended by the MS Society, nor is this a comprehensive list of all complementary and alternative therapies available. See ‘Useful organisations’ on page 35.

Before you start any therapy, let your doctor know, so you can be confident it is safe.

Acupuncture and acupressure

Acupuncture is a component of traditional Chinese medicine. It’s believed that energy, known as ‘qi’, travels through the body in specific pathways known as ‘meridians’, and that illness occurs when there is a disturbance of energy. With acupuncture, improvement of energy flow is thought to occur with the insertion of thin, metallic needles in specific points on the meridians.

For acupressure, hand or finger pressure is applied to the acupuncture points. Only small or preliminary studies of acupuncture in MS have been completed, and these are too limited to show conclusive evidence of benefits for any MS symptoms.

In other conditions, acupuncture appears to alleviate pain, nausea, and vomiting. Acupuncture is generally a well tolerated procedure, especially when it’s performed by a well-trained acupuncturist. To avoid infections, sterile needles must be used.

There are two distinct styles of acupuncture – traditional Chinese and western medical. They have separate professional organisations that can provide further information and advice, including: Acupuncture Association of Chartered Physiotherapists (all members are also qualified in physiotherapy); British Acupuncture Council; British Academy of Western
Medical Acupuncture; and British Medical Acupuncture Society. See ‘Useful organisations’ on page 35.

Acupuncture practitioners aren’t regulated by law. They don’t need to have any training or experience in order to call themselves an acupuncturist. However, to register with one of these associations he or she must hold certain qualifications and agree to work according to their codes of practice.

**Alexander Technique**

The Alexander Technique was developed around 1900 by Frederick M. Alexander, an Australian actor who had recurrent episodes of hoarseness while performing. To address this problem, he experimented on himself by observing various head and neck positions in a mirror.

He eventually found positions of the head, neck, and spine that appeared to correct the problem by improving posture and making tasks easier. He then taught this method, the ‘Alexander Technique’, to others.

There are no formal studies of the Alexander Technique in people with MS. Limited studies in other conditions suggest that the Alexander Technique may improve balance, performance ability, low back pain, depression, level of disability, and breathing function.

There are no known adverse effects from the therapy itself, but it shouldn’t be used in a way that delays conventional medical diagnosis or treatment of serious conditions.

Alexander Technique teachers aren’t required to belong to any professional organisation or to have completed any specific training. However, the Society of Teachers of the Alexander Technique can provide details of its members, all of whom have completed a training course and agreed to a professional code of conduct (see *Useful organisations* page 35).

Alexander Technique teachers who meet a set of national
occupational standards can register with the Complementary and Natural Healthcare Council.

**Aromatherapy**

Aromatherapy is a healing method that uses essential oils from plants. It was practised in some form in ancient China and ancient Greece. The form of aromatherapy that is currently used was originally developed in the early twentieth century by a French chemist. In aromatherapy, the oils may be applied to the skin, mixed with bath water or inhaled.

The effects of aromatherapy on people with MS haven’t undergone careful research.

Some small clinical studies suggest that aromatherapy may improve anxiety, depression, pain and insomnia. But these studies are of variable quality and some of the results have been inconsistent.

It’s also worth noting that although aromatherapy is usually well tolerated, oils may sometimes cause rashes or allergic reactions.

Oils should not be taken internally. There are currently over a dozen professional organisations for aromatherapists in the UK, and an aromatherapist isn’t required to belong to any of them or have completed any specific training.

Many of these organisations are working together as the Aromatherapy Council, to develop and maintain education standards for the UK aromatherapy profession. Aromatherapy practitioners who meet a set of national occupational standards can register with the Complementary and Natural Healthcare Council. See ‘Useful organisations’ on page 35.

**Chiropractic**

Chiropractic medicine is based on the idea that the nervous system is important for health and that many diseases are due to poor alignments of the bones of the spine. These poor alignments are thought to cause abnormal pressure on the nerves that leave the spine. Spinal manipulation
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methods (known as ‘adjustments’) are believed to normalise bone position and relieve pressure on the nerves.

Research of chiropractic therapy in MS is limited. The clinical studies are of poor quality, and other than these there are only reports of individual responses to this therapy. In general, however, chiropractic therapy may decrease low back pain. Although chiropractic manipulation is usually well tolerated, on rare occasions low back manipulation may cause spine trauma and neck manipulation may cause strokes.

Chiropractic medicine is regulated by law in the UK. All chiropractors must be fully qualified to practise and must register with the General Chiropractic Council who can provide a list of practitioners in your area. See ‘Useful organisations’ on page 35.

Healing

Healing covers a wide range of approaches, including therapeutic touch, faith healing and prayer. There are no research studies of these approaches in people with MS. In other groups of people, involvement in religion and spirituality has been associated with better health outcomes. However, whether spiritual and religious involvement actually causes improved health isn’t known.

Healing methods are generally well tolerated. They should not be a substitute for conventional medicine and shouldn’t delay seeking advice from a doctor. Healing isn’t regulated by law.

Practitioners aren’t required to have completed any specific training or be a member of any professional organisation. There are, however, numerous healing organisations in the UK, which all work separately. It’s suggested that you ask the questions listed under ‘What should I do before making an appointment?’

Healing practitioners who meet a set of national occupational standards can register with the Complementary and Natural Healthcare Council.
Herbal medicine

Herbs contain hundreds of chemical constituents. Some of these chemicals can be therapeutic and others can be harmful. The use of herbs in medicine has a long tradition in many cultures. In traditional Chinese medicine, herbal therapies were initially developed around 3,000 BC, and many modern drugs are actually related to chemicals in herbs.

Today, it is estimated that 25% of prescription medications and 60% of over-the-counter drugs are derived in some way from herbs. Among the various Western herbal products, some may be useful as therapies for MS. Examples include cranberry for prevention of urinary tract infection, St John’s Wort for depression, valerian for insomnia, and psyllium for constipation. Some studies report beneficial effects with some forms of herbal medicine. However, these studies are difficult to interpret and are of variable quality.

Some herbs, as with St John’s Wort, may also provoke MS symptoms or interact with medications commonly used in MS. In addition, some herbs, such as echinacea and the Ayurvedic herb ashwagandha appear to activate the immune system and could pose a theoretical risk for people with MS.

Herbal medicine is not currently regulated by law, although movement towards statutory regulation is underway.

Practitioners aren’t currently required to have any specific training or belong to any professional organisation. Currently there are a number of different professional organisations for practitioners from various herbal disciplines including Ayurveda, Chinese, Tibetan and Western herbal medicine. The European Herbal and Traditional Medicine Practitioners Association works with most of them and can provide information about different disciplines. See ‘Useful organisations’ on page 35.
Homeopathy

Homeopathy is one of the more popular CAMs. Its basic principles are contrary to those of conventional medicine and basic science. Specifically, according to the homeopathic principle of ‘like cures like,’ if a large amount of a substance causes a particular symptom then miniscule amounts of that substance will relieve that same symptom. Homeopathic medicines are made by adding a lot of water or alcohol (also called dilution) to a very small amount of the active substance and vigorous shaking. People skeptical of homeopathy claim that when a substance is diluted enough, there will be no active substance left and it can then no longer help you.

Homeopathy is controversial. As with many other forms of alternative medicine, there’s concern that responses to homeopathic preparations are ‘placebo responses’. In other words, because people believe taking a homeopathic treatment is going to have a positive effect, they feel better after homeopathic treatment even if the treatment has no actual therapeutic effect.

Research studies haven’t clarified this issue. Furthermore, there are no rigorous studies of homeopathy in MS. However, due to the extremely dilute preparations used in homeopathy, this approach is generally thought to carry little risk.

It’s claimed that some conventional medications may antagonise the effects of homeopathic remedies. However, homeopathy shouldn’t be used in a way that delays conventional medical diagnosis or prevents use of treatments that are proven to be effective.

Homeopathy isn’t regulated by law and there’s no single professional organisation or qualification for homeopaths in the UK. Conventional health care professionals, such as doctors, nurses, dentists and pharmacists, who’ve trained in and practise homeopathy can join the Faculty of Homeopathy.
Details of local Faculty members who can provide you with treatment are available from the British Homeopathic Association. Other homeopaths not qualified in conventional medicine can join the Society of Homeopaths if they meet set training requirements and agree to a professional code of conduct. However, they won’t be able to give conventional medical advice.

There are also two NHS homeopathic hospitals in the UK offering outpatient services to people referred by their doctor. They are considered one of the cheaper and safer ways of getting this kind of treatment and are based in Glasgow and London.

When provided on the NHS, you’ll be asked to pay a prescription charge for any homeopathic remedies. NHS homeopaths are also subject to standard NHS regulation, so should you have any problems, you can follow the standard complaints process.

**Massage**

Massage is a healing method that has been practised for thousands of years. It was used in ancient Egypt and China. The more popular forms of massage that are currently used are derived from Swedish massage, which was developed by Swedish doctors in the nineteenth century.

Massage may be practised on its own or as one component of more broad-based healing methods, such as aromatherapy.

One small study of massage in people with MS found that it was associated with increased self-esteem, improved social functioning, reduced anxiety and depression, and improved image of one’s body.

Another small MS study found that a slow ‘stroking’ massage (that uses the flat of the hand) over the spine was associated with improvement in anxiety and muscle stiffness.
Massage is usually well tolerated but should be used with caution in women who are pregnant and in people with recent injuries, ulcers, enlargement of the liver or spleen, fever, infection, clotted blood vessels, jaundice, cancer, heart disease, or arthritis. Massage isn’t regulated by law and practitioners aren’t required to have any specific training or be a member of any professional organisation. However, there are various organisations massage practitioners may join, many of which are working together as the General Council for Massage Therapies.

Massage practitioners who meet a set of national occupational standards can register with the Complementary and Natural Healthcare Council.

Mindfulness

Mindfulness can help you manage your thoughts and feelings. This mind-body based approach can change the way you relate to experiences. It’s used in a number of ways and situations, including as a form of prevention for people experiencing recurring depression, as recommended by NICE.

Practicing Mindfulness can teach you to pay attention to the present moment without judgement, using techniques like meditation, breathing, and yoga. Over time it helps you become more aware of your thoughts, feelings and body sensations so that, instead of being overwhelmed by them, you’re better able to manage them.

A register of qualified mindfulness trainers can be found under ‘Useful organisations’ on page 35.

Multi-modal therapy

Multi-modal therapy refers to a treatment programme that includes visualisation techniques, meditation, guided imagery, expressive therapy (such as art and music therapy), concentration and memory exercises, stress management, behaviour modification, and other self-regulation techniques.
People with MS who received this specific treatment programme during a research study showed improvement in various areas, including verbal learning, abstract thinking, depression, strength, and sensation.

Due to the many components of this therapy, it’s difficult to determine which therapy may have produced the beneficial effects. Some of the specific components of multi-modal therapy have been studied in MS, and more information is given in relevant sections of this publication.

**Osteopathy**

Osteopathy was founded in the United States in 1874 by Dr Andrew Still. It works with the body’s musculoskeletal system, which is made up of the bones, joints, muscles and ligaments.

Osteopaths use their hands to diagnose and treat any problems found. Techniques include manipulating muscles, sometimes using short sharp movements, gentle massage and rhythmic joint movements.

Studies indicate that these techniques decrease low back pain. One small, short-term study found that a combination of osteopathic manipulation and a specific exercise program led to improved strength and walking ability in people with MS.

Further studies of specific osteopathic methods in MS are needed to better understand how this therapy may help.

Osteopathic manipulation is generally well tolerated, but, like chiropractic manipulation, there’s a low risk of spinal trauma with low back manipulation and stroke with neck manipulation.

Osteopathy is regulated by law in the UK. All osteopaths must be fully qualified to practise and must register with the General Osteopathic Council. The Council can also provide details of osteopaths in your area (see *Useful organisations* on page 35).
Pilates

Pilates is a form of bodywork that was created during World War I by Dr Joseph Pilates, a German inventor, boxer, and dancer. The technique was originally developed to help soldiers recover from war injuries. With the Pilates method, individuals focus on the use and control of specific muscles during body movements. There’s also an emphasis on breathing. One very small study has suggested that Pilates could be a suitable form of exercise for people with MS and suggested that it was generally safe. However, it didn’t show any benefit for treating MS symptoms.

One small study of elite gymnasts found improved strength, jump height, and reaction times after a programme that included Pilates, leap training, and pool training. Another small study found improved flexibility after Pilates training.

An MS Society-funded research project, found that Pilates may improve pain, posture, function and quality of life in people with MS who use a wheelchair.

It’s generally assumed that the Pilates method is well tolerated. Pilates teachers aren’t regulated in the UK and aren’t legally required to have any specific qualifications. It’s suggested that, before going to a class, you ask the questions listed under ‘What should I do before making an appointment?’.

Reflexology

In reflexology, pressure is applied to specific areas, or zones, of the foot. These zones are believed to correspond to different areas of the body. The application of pressure is thought to improve health by increasing energy flow in the body. This concept of an underlying life force is similar to that of some other alternative healing systems such as acupuncture.

One MS research study, which wasn’t well designed, found improvement in multiple MS symptoms with reflexology, while a better designed and larger study found that there was improvement
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in muscle stiffness, bladder and sensory symptoms.

A study looking at the effect of reflexology on pain found it was no better than a sham treatment – but both showed a clinically significant reduction in pain.

A recent review of all of the published clinical trials of reflexology in many medical conditions concluded that there was no convincing evidence that reflexology was an effective treatment for any condition.

Reflexology is a low-risk therapy and there are no known serious side effects. It should be used with caution in those with foot conditions, including gout, ulcers, vascular disease and arthritis.

Reflexology isn’t regulated by law and practitioners aren’t required to have any specific training or be a member of any professional organisation. However, there are various organisations reflexologists may join. Many are working together as the Reflexology Forum and they can give you details of member organisations.

Reflexology practitioners who meet a set of national occupational standards can register with the Complementary and Natural Healthcare Council.

Reiki

Reiki is a form of energy medicine that was developed in Japan in the mid 1800s. Reiki practitioners are given ‘attunements’ which help them draw upon and channel healing energy. It’s believed that Reiki practitioners can direct and infuse healing energy into the body. This process is thought to rebalance energy and activate the body’s own healing processes.

There are no formal studies of the effects of Reiki on people with MS. However, Reiki is generally well tolerated, though it’s claimed that it should be used with caution in those with diabetes and pacemakers.

Reiki isn’t regulated by law and practitioners aren’t required to have any specific qualifications.
Types of complementary and alternative medicine

It’s suggested that, before making an appointment, you ask the questions listed under ‘What should I do before making an appointment?’ on page 9.

Relaxation and meditation

Relaxation is a component of several different forms of complementary and alternative medicine, including meditation, guided imagery, hypnosis or hypnotherapy, biofeedback, mindfulness-based stress reduction and progressive muscle relaxation. People with MS often report that they feel stress and anxiety.

There have been studies of MS and various relaxation methods. One small study reported reduced anxiety and improved physical symptoms with meditation and imagery; another small study found decreased anxiety and a more positive outlook with imagery and relaxation techniques. Another study using a mindfulness-based intervention found benefits in quality of life, depression and fatigue.

Relaxation methods are generally low risk, though they should be used with caution by those with serious psychiatric condition, such as schizophrenia, severe depression and anxiety. Relaxation may produce fear of losing control, anxiety, and disturbing thoughts.

Relaxation methods shouldn’t be used as a substitute for conventional medicines for MS and related symptoms. Relaxation and meditation practitioners aren’t regulated in the UK and aren’t legally required to have any specific qualifications. It’s suggested that, before making an appointment, you ask the questions listed under ‘What should I do before making an appointment?’ on page 9.

Shiatsu

Shiatsu is an ancient Japanese form of massage. In Shiatsu, gentle pressure is applied to the meridians which, according to traditional Chinese medicine, are the pathways for energy flow in the body (see section on acupuncture and acupressure on page 13). In
Types of complementary and alternative medicine

this respect, Shiatsu is similar to acupuncture. However, the major focus of Shiatsu is prevention.

There haven’t been any formal research studies of Shiatsu in MS. Generally Shiatsu is a low-risk therapy, though there are very rare reports of serious injury to the arteries in the neck with Shiatsu of the neck area.

Shiatsu isn’t regulated by law and practitioners aren’t required to have any specific qualifications. There are, however, many different Shiatsu organisations practitioners may belong to.

These various organisations work together as the Shiatsu Society to develop a single register of qualified practitioners. Shiatsu practitioners who meet a set of national occupational standards can register with the Complementary and Natural Healthcare Council

T’ai chi

T’ai chi is a traditional Chinese martial art that has been practised in China for centuries. It’s characterised by sequences of body postures that are connected by slow, graceful movements.

T’ai chi is believed to balance opposing life forces and create emotional balance. The movements in t’ai chi may be modified for those with disabilities. One study of 19 people with MS found improved walking speed, muscle stiffness, vitality, social and emotional functioning and ability to carry out physical and emotional roles.

A study of ‘mindfulness of movement’, a component of t’ai chi, in 16 people with MS found improvement in multiple MS symptoms. More rigorous studies of t’ai chi in MS are needed to gain a better understanding of how it may help.

T’ai chi is usually well tolerated, though it may strain joints and muscles and temporarily worsen MS fatigue. T’ai chi should be used with caution or avoided by those with acute low back pain, osteoporosis, significant joint injuries and bone fractures.
T’ai chi teachers aren’t regulated in the UK and aren’t legally required to have any specific qualifications. It’s suggested that, before making an appointment, you ask the questions listed under ‘What should I do before making an appointment?’.

**Yoga**

Yoga is a mind-body therapy that was developed in India thousands of years ago. Yoga is meant to unite the mind, body, and spirit. Major components of hatha yoga, one of the more popular forms of yoga, are breathing, meditation, and posture. Yoga postures may be modified for those with disabilities.

Despite its popularity, there are relatively few studies of the effects of yoga on MS and other health problems. One well-designed clinical trial in MS found that both yoga and conventional exercise improved fatigue. Another smaller study found that yoga improved attention in people with MS.

Yoga is a low-risk therapy. However, vigorous exercise or difficult postures should be done with caution by pregnant women and those with heat sensitivity, fatigue, decreased balance, and significant heart, lung, or bone conditions.

Yoga isn’t regulated by law and practitioners aren’t required to have any specific qualifications. There are, however, over ten different yoga organisations practitioners may belong to. These include the British Wheel of Yoga, which is recognised by Sport England as the national governing body for yoga. A number of yoga organisations are working together as the British Council for Yoga Therapy to develop a single register of qualified practitioners (see Useful organisations on page 35).

The Council can provide details of member organisations and information about yoga. Yoga practitioners who meet a set of national occupational standards can register with the Complementary and Natural Healthcare Council.
The Complementary and Natural Healthcare Council

The Complementary and Natural Healthcare Council (CNHC) was set up in 2008 to act as a voluntary regulating body for practitioners in a number of therapies. Its aim is to improve public safety by providing details of registered practitioners who have met agreed professional standards. However, practitioners don’t have to register with the CNHC.

For details of which therapies are regulated, along with a list of registered practitioners, contact the CNHC. See ‘Useful organisations’ page 35.
There are also other non-standard therapies that are often used by, or targeted at, people with MS. Some of these are listed below. With the exception of cannabis, which is a controlled substance, the therapies aren’t regulated by law.

Practitioners (if a therapy involves one) aren’t required to have any specific qualifications. To find out more before you make an appointment, we suggest you ask the questions listed under ‘What should I do before making an appointment?’ on page 9.

Cannabis and cannabis extracts

People have claimed that cannabis, also known as marijuana, is an effective treatment for MS symptoms. Cannabis contains chemicals known as ‘cannabinoids’ including tetrahydrocannabinol (known as ‘THC’ for short). These cannabinoids have a variety of biological effects, and clinical studies indicate that they may help with managing MS symptoms including spasticity and pain.

A cannabis-based drug, called Sativex, is licensed in the UK for managing spasticity. There’s more information about Sativex in the MS Society booklet Muscle spasms and stiffness and at www.mssociety.org.uk

Several surveys have suggested that significant numbers of people with MS use cannabis to manage their symptoms. Because medically tested cannabis-based treatments aren’t widely available, some people with MS seek cannabis from other sources.

Cannabis is a class B controlled drug. Possession, production and supply of cannabis are all illegal, and what is supplied can vary widely in nature and strength. Information about the penalties for cannabis possession is available from the Home Office.

Be aware that cannabis has many side effects including dizziness,
Other types of non-standard therapies

sleepiness, feelings of intoxication, nausea, increased risk of seizures, poor pregnancy outcomes, and impaired driving.

High doses of cannabis may decrease reaction time, impair heart function, and produce coordination and visual difficulties. Chronic use of cannabis may impair lung function, cause heart attacks, increase the risk of lung, mouth and throat cancer, and has been linked to psychological problems.

**Cooling**

In people with MS, it’s known that small increases in body temperature can make MS symptoms feel worse. This observation has led to the development of various cooling methods. There are simple cooling methods, such as staying in air-conditioned areas and drinking cold liquids. More complex cooling techniques use specially designed cooling suits. There have been many studies about cooling in MS. Fatigue is frequently reported to improve with cooling.

In the most rigorous study to date, cooling was associated with mild improvement in walking, vision, fatigue, strength, and cognition. Cooling is generally well tolerated, though garments may be cumbersome. There may also be discomfort with the onset of cooling. In the minority of people with MS who are sensitive to cold temperatures, cooling can make MS symptoms feel worse.

**Honey bee venom**

Bee venom therapy is a type of apitherapy, which refers to the use of bees or bee products to treat medical conditions. In bee venom therapy, bees are placed on specific areas of the body with tweezers. Typically, treatment sessions involve 20 to 40 stings and are done three times weekly. The early results of a study that looked at the impact of bee venom therapy in an animal model of MS found it was ineffective or produced worse results than seen in the placebo-treated animals.

The highest quality clinical trial of bee venom therapy in people with
MS found that it didn’t produce significant beneficial effects. Bee venom therapy is generally a low risk procedure, though mild side effects include itching, hives, fatigue, anxiety, and swelling and redness at the sting site. Very rarely, bee stings may cause a severe and potentially fatal allergic reaction.

**Hyperbaric oxygen therapy**

Hyperbaric oxygen therapy is a form of treatment in which oxygen is administered under increased pressure in a specially designed chamber. Hyperbaric oxygen increases the oxygen content in the blood and in different body tissues.

There have been a few clinical trials examining the effect of hyperbaric oxygen in MS. Reviews of these studies indicate that there is no definite beneficial effect. Usually hyperbaric oxygen doesn’t cause serious side effects, though mild visual symptoms may occur.

Sometimes it can cause serious side effects, including collapsed lungs, pressure injury to the ear, cataracts and seizures.

It’s an accepted therapy for some medical conditions, including burns, decompression sickness, severe infections, radiation-induced tissue injury and carbon monoxide poisoning. Although the *NICE Guideline for MS*, which sets standards for treatment in the NHS in England, Wales and Northern Ireland, doesn’t recommend hyperbaric oxygen therapy for the treatment of MS, some people with MS report benefits from using this type of treatment.

**Magnetic field therapy**

The use of magnetic fields as a therapy for MS has been studied mainly with pulsed electromagnetic therapy. This uses devices that emit weak, pulsing electromagnetic fields at a specific frequency. The devices are often placed on acupuncture points.

There are many theories about how these devices may be therapeutic. One theory suggests that they may correct disease-associated electrical
imbalances and thereby produce acupuncture-like therapeutic effects. However, mixed results have been obtained in clinical trials – some have shown improvement in spasticity, pain, bladder function, hand function, fatigue, and quality of life, and some have not.

It’s generally believed there’s a low risk of side effects associated with weak magnetic field devices. However, pregnant women and those with pacemakers and other implanted electronic medical devices should consult a doctor before using this therapy.

**Neural therapy**

Neural therapy is a form of energy therapy that was developed in Europe in the 1920s. With this therapy, small amounts of local anaesthetic are injected under the skin in specific locations. The sites of injection may be acupuncture points or old scars. This procedure is thought to restore the normal flow of energy in the body or provide energy to damaged tissue.

One small study of neural therapy in people with MS found that there was improvement in about two-thirds of people, and the improvement occurred within minutes of the injections. Larger and more rigorous studies of the effects of this therapy in people with MS are needed to back up these results.

Meanwhile, neural therapy is generally thought to be well tolerated. Repeated injections may cause scarring, and the local anaesthetic may produce allergic reactions.

**Replacement of mercury amalgam fillings**

It’s been proposed that the removal of dental amalgam is therapeutic for MS. Amalgam, which is composed of mercury as well as silver, copper, tin, and zinc, is used in 80-90% of tooth restorations.

It’s claimed that the immune system and nervous system are damaged by small amounts of solid mercury and mercury vapour that is released from the amalgam.
There’s no evidence that mercury causes MS or that the removal of dental amalgam improves the course of MS. It’s been estimated that amalgam accounts for 10% or less of mercury intake.

Dental amalgam removal is generally expensive, though there are few risks associated with it. On rare occasions it may cause injury to nerves or tooth structure.

**New Research**

Research into complementary and alternative medicine is ongoing. Read more about new treatments and updates to established ones in the Research section of our website. This includes details of any research projects funded by the MS Society, and any opportunities to get involved. There’s also a research blog, which explains more about the research process. Visit [www.mssociety.org.uk/research](http://www.mssociety.org.uk/research), or call the UK Information Resources Team for more information.
Further reading

The following books are all available to borrow from the MS Society library. Email librarian@mssociety.org.uk, call 020 8438 0900 or visit www.mssociety.org.uk/library


The following websites can also provide useful information:

- **www.nccam.nih.gov** - The US National Center for Complementary and Alternative Medicine examines scientific evidence for the use of complementary and alternative medicines with the aim of disseminating authoritative information to the public and professionals. Their website has useful information about treating specific conditions and symptoms.

- **www.neurologycare.net/cam** - A website focused on MS-relevant complementary and alternative therapies was created and is updated by Allen Bowling, MD, PhD. This site provides evidence-based information on more than 50 different therapies.
Useful organisations

General support and information organisations are listed first, followed by professional or regulatory bodies for complementary and alternative therapies – overall bodies first, then alphabetically by therapy.

General support and information
ASA (Advertising Standards Authority)
Contact if you would like to make a complaint about an advertisement.
Mid City Place
71 High Holborn
London WC1V 6QT
📞 020 7492 2222
💌 asa.org.uk

Action against Medical Accidents
Independent charity that can provide advice if you have experienced harm as a result of treatment.
117 High Street
Croydon
Surrey CR0 1QG
📞 Helpline 0845 123 2352
(Monday to Friday, 10am-5pm)
💌 avma.org.uk

Citizens Advice
In England and Wales
3rd Floor North
200 Aldersgate Street
London
EC1A 4HD
📞 03000 231 231
(not an advice line)
💌 citizensadvice.org.uk

In Scotland
1st Floor, Spectrum House
2 Powderhall Road
Edinburgh
RH7 4GB
📞 0131 550 1000
(not an advice line)
💌 www.cas.org.uk

In Northern Ireland
Citizens Advice Regional Office
46 Donegall Pass
Belfast
BT7 1BS
📞 citizensadvice.co.uk
**Clinic for Boundaries Studies**
Can offer support to people who have been harmed, or may have been harmed, as a result of the violation of professional boundaries.
49 - 51 East Road
London N1 6AH
☎ 020 3468 4194
✉ [professionalboundaries.org.uk](http://professionalboundaries.org.uk)

**Home Office**
For information about the penalties for possession of cannabis.
Direct Communications Unit
2 Marsham Street
London SW1P 4DF
☎ 020 7035 4848
✉ [homeoffice.gov.uk](http://homeoffice.gov.uk)

**MS Therapy centres in Scotland.**
Duncrievie House
College Road
Methven
Perth PH1 3PB
☎ 01738 840 357
✉ [mstherapycentres.org.uk](http://mstherapycentres.org.uk)

**NHS online and telephone advice**

**NHS Choices**
Provides telephone and online advice about NHS services and health in England and Wales.
☎ 111
✉ [nhs.uk](http://nhs.uk) (England)
✉ [nhsdirect.wales.nhs.uk](http://nhsdirect.wales.nhs.uk) (Wales)

**MS National Therapy Centres**
A federation of centres offering a variety of therapies in England, Wales and Northern Ireland.
PO Box 2199
Buckingham, MK18 8AR
☎ 01296 711699
✉ [msntc.org.uk](http://msntc.org.uk)

**Health information and self-care advice for Scotland.**
☎ Telephone 111
✉ [nhs24.com](http://nhs24.com)
Useful organisations

Research Council for Complementary Medicine
Aims to develop the evidence base for complementary medicine.
London South Bank University, 103 Borough Road, London SE1 0AA
Info@rccm.org.uk
rccm.org.uk

Institute for Complementary and Natural Medicine
Administers the British Register of Complementary Practitioners.
Can-Mezzanine 32-36 Loman Street London SE1 0EH
020 7922 7980
icnm.org.uk

Sense about Science
Equipping people to make sense of science and evidence.
14a Clerkenwell Green London EC1R 0DP
020 7490 9590
senseaboutscience.org

Acupuncture
Acupuncture Association of Chartered Physiotherapists
For physiotherapists who also practise acupuncture.
Sefton House, Adam Court Newark Road Peterborough PE1 5PP
01733 390007
aacp.uk.com

Professional or regulatory bodies

Complementary and Natural Healthcare Council
The national voluntary regulator for complementary health care practitioners.
Albert Buildings 49 Queen Victoria Street London EC4N 4SA
020 7653 1971
cnhc.org.uk

British Academy of Western Medical Acupuncture
For doctors, nurses and physiotherapists who also practise acupuncture.
76 Langdale Road Bebington Wirral CH63 3AW
0151 343 9168
bawma.co.uk
Useful organisations

British Acupuncture Council
Professional organisation for traditional acupuncture practitioners.
63 Jeddo Road
London W12 9HQ
☎ 020 8735 0400
✉ acupuncture.org.uk

British Medical Acupuncture Society
For medical practitioners who also practise acupuncture.
60 Great Ormond St, London
WC1N 3HR
☎ 020 7713 9437
✉ medical-acupuncture.co.uk

Alexander Technique
The Society of Teachers of the Alexander Technique
Can provide information and details of local practitioners.
Grove busines Center
Unit W48
560-568 High Road
Tottenham
London N17 9TA
☎ 020 7482 5135
✉ stat.org.uk

Aromatherapy
The Aromatherapy Council
Can provide information about aromatherapy and lists of practitioners.
info@apnt.org,
✉ aromatherapycouncil.org.uk

Chiropractic
General Chiropractic Council
Regulates UK chiropractors and can provide lists of local practitioners.
44 Wicklow Street
London WC1X 9HL
☎ 020 7713 5155
✉ gcc-uk.org

Herbal medicines
The European Herbal and Traditional Medicine Practitioners Association (EHTPA)
An umbrella body for professional herbal associations.
25 Lincoln Close
Tewkesbury
Gloucestershire GL20 5TY
☎ 01684 291 605
✉ ehtpa.eu
Useful organisations

**Homeopathy**
**British Homeopathic Association**
Offers information on homeopathy and can provide lists of medically qualified homeopaths.
Hahnemann House
29 Park Street West
Luton LU1 3BE
📞 01582 408675
🌐 britishhomeopathic.org

**Society of Homeopaths**
Provides information about homeopathy and lists of homeopaths.
11 Brookfield
Duncan Close
Moulton Park
Northampton NN3 6WL
📞 01604 817890
🌐 homeopathy-soh.org

**Massage**
**General Council for Massage Therapies**
27 Old Gloucester Street
London WC1N 3XX Telephone
📞 0870 850 4452
🌐 gcmt.org.uk

**Mindfulness**
**Mindfulness Association**
4 Whaley Lane
Whaley Bridge, High Peak
Derbyshire, SK23 7AE
📞 01663 733202
🌐 mindfulnessassociation.org

**Osteopathy**
**General Osteopathic Council**
Regulates UK osteopaths and can provide lists of local practitioners.
Osteopathy House
176 Tower Bridge Road
London SE1 3LU
📞 020 7357 6655
🌐 osteopathy.org.uk

**Reflexology**
**Reflexology Forum**
Umbrella group for UK based reflexology organisations.
Dalton House
60 Windsor Avenue
London SW19 2RR
📞 0800 037 0130
🌐 reflexologyforum.org.uk
**Useful organisations**

**Shiatsu**

**Shiatsu Society**
This group represents a number of the Shiatsu organisations.
PO Box 4580
Rugby
Warwickshire CV21 9EL
☎ 0845 130 4560
✉ shiatsusociety.org

**Yoga**

**British Council for Yoga Therapy**
Umbrella group for over 10 UK yoga organisations which can provide information about member organisations and yoga.
info@ays.org.uk
✉ bcyt.org.uk

**British Wheel of Yoga**
25 Jermyn Street
Sleaford
Lincolnshire NG34 7RU
☎ 01529 306 851
✉ bwy.org.uk

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**Join us!**

The MS Society provides this information free of charge but if you would like to help cover the cost, which will help towards our essential work, please call 0800 100 133 or visit the fundraising section of our website to make a donation [Donate Now]. Anything you can give will be greatly appreciated.
Further information from the MS Society

Library
For more information, research articles and DVDs about MS, contact our librarian.

📞 020 8438 0900
✉️ librarian@mssociety.org.uk
WEB www.mssociety.org.uk/library

Helpline
The Freephone MS Helpline offers confidential emotional support and information for anyone affected by MS, including family, friends and carers.

Information is available in over 150 languages through an interpreter service.

📞 0808 800 8000
   (weekdays 9am-9pm)
✉️ helpline@mssociety.org.uk

Resources
Our award winning information resources cover every aspect of living with MS.

📞 020 8438 0999
✉️ shop@mssociety.org.uk
WEB www.mssociety.org.uk/publications
About this resource

With thanks to Kathy Franklin, Nikki Embrey and all the people affected by MS who contributed to this booklet.

If you have any comments on this information, please send them to resources@mssociety.org.uk or you can complete our short online survey at www.surveymonkey.com/s/MSresources

Disclaimer: We have made every effort to ensure that the information in this publication is correct. We do not accept liability for any errors or omissions. The law and government regulations may change. Be sure to seek local advice from the sources listed.

References

A list of references is available on request, and all cited articles are available to borrow from the MS Society library (there may be a small charge). Contact the librarian on 020 8438 0900, or visit www.mssociety.org.uk/library

This resource is also available in large print. Call 020 8438 0999 or email shop@mssociety.org.uk