

Founding of the NCCAM

Mindfulness, as well as other forms of meditation, as practices undertaken for their physical or mental health benefits are considered to fall under the category of complementary or alternative medicine (CAM). Although many forms of CAM have been practiced in the U.S. for centuries, the U.S. government did not allocate any significant research funds to evaluate such alternative therapies until the National Institute of Health (NIH) established the Office of Alternative Medicine (OAM) in 1992 (with a starting budget of only 2 million dollars). Its founding was due to pressure put on Congress by consumers who wanted better data on which to base their health decisions. In 1998, the underfunded OAM was elevated in status to become the [National Center for Complementary and Alternative Medicine](#) (NCCAM) with a budget of 50 million dollars. By 2009 the NCCAM's annual budget had increased to 105 million dollars.

Interview with, Josephine P. Briggs, M.D., Director of NCCAM (This interview gives an overview of NCCAM's mission and a statement of the importance of its work. 3:40)

Just what is CAM? Defining the term "complimentary and alternative medicine" is challenging because the field is very broad and constantly changing. NCCAM defines CAM as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. According to NCCAM "complementary medicine" refers to the use of non-conventional medicine **together with** conventional medicine. Most use of CAM by Americans is complementary. "Alternative medicine" refers to the use of non-conventional medicine **in place of** conventional medicine. NCCAM considers conventional medicine (also called Western or allopathic medicine) to be the mainstream approach practiced by holders of M.D. (medical doctor) and D.O. (doctor of osteopathy) degrees as well as by allied health professionals, such as psychologists, social workers, and nurses. The boundaries between CAM and conventional medicine are not absolute, and specific CAM practices may, over time, become widely accepted and included within the context of conventional medicine.

The NIH recognized that there were many promising non-conventional therapies that needed to be tested in the most appropriate manner (not only in double-blind experimental trials). They charged NCCAM with the mission to conduct and support basic and applied research and training, and to disseminate information on complementary and alternative medicine to practitioners and the public. Renaming the OAM as the NCCAM empowered it to fund its research grants and other projects directly. As an office, its projects could only be funded through collaboration with other institutes or outside agencies. As a result of increased NCCAM funding and a renewed interest in the academic and research community (driven at least partially by patient demand and evidence of widespread usage by patients), research on alternative therapies is growing.

The NCCAM is now funding an extensive variety of research projects on CAM at research centers around the U.S. The use of centers to facilitate research is a widely-employed strategy at NIH. Such centers often have a specific research focus such as schizophrenia, rehabilitation, addiction, HIV/AIDS, stroke, aging, asthma and many other health areas.

In 2009, NCCAM funded 419 CAM research projects with 20, or about 5%, involving the study of meditation. These 20 research projects are evenly split between those addressing mental health issues, physical health issues, and basic research into how meditation works. Twelve of the 20 projects specifically target mindfulness as the form of meditation being studied. The following is a sampling of research institutions receiving NCCAM funding for meditation research, highlighting those that focus on mindfulness, along with a link to the detailed NCCAM description of the research being conducted:

- University of California, San Francisco, School of Medicine, Department of Psychiatry: [Mindfulness-based Cognitive Therapy \(MBCT\) and depression.](#)
- Ohio State University College of Medicine, Dept. of Internal Medicine: [Mindfulness and chronic inflammation.](#)
- Harvard Medical School: [Mindfulness and chronic pain.](#)
- Oregon Health and Science University School of Medicine, Dept. of Neurology: [Mindfulness pathways in treatment of PTSD.](#)
- Duke University School of Medicine, Dept. of Psychiatry: [Mindfulness-based weight-loss maintenance.](#)
- Emory University School of Medicine, Dept. of Psychiatry: [Mechanisms of Meditation.](#)

Categories of CAM

The NCCAM lists four categories of CAM:

- Natural products (herbs, vitamins, minerals, etc.)
- Mind-body medicine (meditation, yoga, acupuncture, hypnotherapy, Chi Gong, etc.)
- Manipulative and Body-based practices (chiropractic and massage therapy.)
- Other CAMs (movement therapies, such as the Feldenkrais method, energy medicine, such as Reiki and magnet therapy, and whole medical systems, such as Chinese medicine, Ayurvedic medicine, or homeopathy.)

The NCCAM considers meditation to be a Mind-Body modality. NCCAM defines mind-body medicine as an approach which focuses on

interactions among the brain/mind, the rest of the body, and behavior, and ways in which emotional, mental, social, spiritual, and behavioral factors can directly affect health.

Meditation, the NCCAM umbrella under which mindfulness falls, includes interventions that employ a variety of techniques designed to facilitate the mind's capacity to affect bodily function and symptoms. [NCCAM Meditation: An Introduction](#)

Meditation practices, including mindfulness, in their spiritually sanitized forms (meditation practices taught outside the belief and ritual systems of any religious tradition) are sometimes further subcategorized as a Behavioral Medicine intervention. Behavioral Medicine is an interdisciplinary field of (conventional) medicine concerned with the development and integration of knowledge in the biological, behavioral, psychological, and social sciences that are relevant to health and illness. ([The Society of Behavioral Medicine](#)) Mindfulness-based Stress Reduction (MBSR) is an example of spiritually-sanitized meditation, which, due to the extensive research supporting its efficacy, has now been accepted as a mainstream Behavioral Medicine treatment for particular medical problems, such as chronic pain. For more on MBSR, see our [MBSR course](#).

Prevalence of CAM

In 1993, the New England Journal of Medicine published a study which was disseminated by many news services. The study found that 1/3 of all people in treatment for a medical condition are also receiving an alternative therapy. For cancer patients and people with AIDS, the percentage is over 50%. Yet 72% concealed their use of alternative therapies from their physicians.

David Eisenberg, MD et al. [Unconventional medicine in the United States. Prevalence, costs, and patterns of use](#). N Engl J Med 1993 Jan 28;328(4):246-52

The same researchers replicated their study in 1998 and found a statistically significant increase in use of alternative therapies from 33.8% in 1990 to 42.1% in 1997 (P<.001). Extrapolating their data, the authors further concluded that visits to alternative therapists exceeded the number of visits to physicians!

[Trends in Alternative Medicine Use in the United States, 1990-1997: Results of a Follow-up National Survey](#) by David Eisenberg, MD et al. JAMA 1998 Nov 11; 280(18):1569-75

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A 2007 follow-up survey showed that CAM usage had dropped a bit to 38% of adults. This study also revealed that by far the largest reason for CAM usage was chronic pain, especially back pain.

Economic statistics from the same survey show that Americans spent nearly \$34 billion out of pocket for CAM in 2007. This represented about 11% of all out-of-pocket health care spending and 1.5% of total American spending on healthcare.

Money spent on CAM annually in US (audio only)

Use of Meditation as a Form of CAM

Meditation as a form of mind-body CAM, which for the NCCAM includes mindfulness, continues to grow in popularity. The 2002 U.S. government study showed that 7.2 % of over 23,000 respondents (representing more than 15 million people) had used meditation in the past 12 months. When the same survey was replicated in 2007, those reporting the use of meditation had increased significantly to above the 9.4% (representing 20 million people, or a 33% increase over 2002). The 2007 survey also asked about CAM use in a sample of 9,417 children. The results showed that 1% (representing 725,000 children) had used meditation in the past 12 months.

According to NCCAM, people use meditation as CAM for various physical and mental health problems, such as:

- Anxiety
- Pain (such as that associated with arthritis or fibromyalgia)
- Depression
- Stress
- Insomnia
- Physical or emotional symptoms that may be associated with chronic illnesses (such as heart disease, HIV/AIDS, and cancer) and their treatment.

Meditation is also used to promote overall wellness. In a study subjects in the meditation condition reported significant decreases from baseline in the effect of daily hassles (24%), psychological distress, (44%), and medical symptoms (46%) that were maintained at the 3-month follow-up compared to control subjects.

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Course introduction

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