

EDITORIAL

Complementary and Alternative Medicine: 24-Hour Technical Support Needed?

Few of us would purchase an expensive software package without customer and technical support being offered. Can the implementation of a new alternative medicine treatment be successfully launched without the recourse of online support? After my experience with designing and publishing a treatment for xerostomia (Niemtzow et al., 2000; Niemtzw et al., 2001) I realized rapidly that its success would be predicated on the clinician end user being able to contact customer and technical support. I became the "24-hour customer and technical support hotline." Like computer software, my xerostomia technique was "upgraded" and refined as more patients were treated. Unfortunately, as quite often is the case, the articles were not published in the same journal (Johnstone et al., 2001; Johnstone et al., 2002). My e-mail address was the access code for reaching me. Using the successful model of many software companies, I redesigned my Web site, www.n5ev.com, so clinicians could "click" on xerostomia and the pertinent articles and pictures of the xerostomia acupuncture points would be available for downloading. Alas, many clinicians did not have the skills or know-how to download files and some clinicians used different computers. To get around this dilemma, the files were changed to ".pdf files" and I directed users to Adobe Acrobat software. When this failed, my fax machine came in handy and, when there was no fax machine on the other end, "snail mail worked." Unfortunately some end users who "booted up" my xerostomia protocol got a clinical "crash." It became obvious that these

users did not have sufficient clinical skills to know where to place the needles and had to be "walked through" the procedure and referred to basic textbooks. Other clinicians decided, even before using my protocol, that they would modify my research on the very first patients they treated. Puzzled that the protocol did not work, they complained to "customer support" and I switched "hats" to provide technical support and instructed the "users" to reboot to undo their "blue screen" clinical "hang-up." Several others wanted an "onsite visit." When I informed these users that it was at their expense and my time, they either came to me or reimbursed my travel. I visited several clinicians and, in each case, discovered that the problem was the result of "operator error" and nonadherence to the protocol. Saliva secretion was established in all the patients that I visited onsite when I made the "fixes" and ran the upgrades and "patches." Later e-mail customer feedback reported that the clinician users were "up and running" and did not experience any more "crashes."

It is my firm belief that any major breakthrough in alternative medicine will require "technical support." Misinterpretation of protocols, insufficient knowledge, and clinical skills are unfortunately widespread in the complementary and alternative medicine community. They are like software viruses. Many patients also called me for referrals to physicians in the United States and in some European countries. One should be prepared to have the ability to help refer patients to competent sources. The patients that asked for referrals

did not seem to trust the "yellow pages" and wanted someone I knew who could perform the therapy near their domiciles. What is more, these patients wanted to know approximate costs for the protocol as they knew there was no "freeware" available.

In this issue of *The Journal of Alternative and Complementary Medicine*, "A Third Study on the Use of Orally Administered Anhydrous Crystalline Maltose for Relief of Dry Mouth in Primary Sjögren's Syndrome," by Fox et al. (pages 651–659), the authors present their treatment, which is designed to achieve the resolution of xerostomia. It is my conviction that, although the treatment is less complicated than acupuncture, difficulties of one sort or another will surface. Clinicians will be most likely change the dosage and treatment times and add all sorts of additional "wisdom" to applying the protocol, possibly creating a quagmire. It will take "technical support" to get back "online" and boot up the treatment program.

Alternative medicine may need 24-hour customer and technical support. It makes good business sense to market a new product in this fashion. Alternative medicine skills are different from clinician to clinician and interpretations abound. A Web site posting your articles on the subject, updates, and frequently asked

questions may also be helpful. Data could also be collected from the field. My final advice to each author who proposes a new treatment protocol is to make sure you are prepared to support your "product" otherwise you may experience "shut down."

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