What we believe

We believe that people with Parkinson’s and their carers have the right to make informed choices about their healthcare, including decisions on complementary and alternative medicines and therapies.¹

We believe any available evidence should be made accessible to support people with Parkinson’s to make those decisions. Where evidence is not available, people with Parkinson’s should be encouraged and supported to ask questions to find out how safe and reputable therapists and remedies are.

Why we believe this

Many people affected by Parkinson’s tell us they have benefitted from complementary and alternative medicines and therapies. They can feel they help them cope with their symptoms and enhance their quality of life.

Many people affected by Parkinson’s will choose to use complementary and alternative medicines and therapies alongside conventional treatment, often at their own expense. The British Complementary Medical Association have suggested questions that might help people with Parkinson’s to avoid practitioners and therapies that might cause harm:

- Is the practitioner insured?
- Are they registered with a recognised body? Does this body have a code of conduct and a disciplinary procedure?
- Where and when did the practitioner qualify?

Any practitioner who does not give satisfactory answers should be avoided. Practitioners should also be willing to provide client with references that can be verified.

What’s the evidence?

The National Center for Complementary and Alternative Medicine defines complementary and alternative medicines and therapies as ‘a group of diverse medical and healthcare systems, practices, and products that are not generally considered part of conventional medicine’.²

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¹ Some examples of complementary and alternative medicines can be found in our booklet Complementary therapies and Parkinson’s disease (2009) www.parkinsons.org.uk/default.aspx?page=10526
² For more information see the National Center for Complementary and Alternative Medicine website http://nccam.nih.gov/health/whatiscam/#definingcam
There is little evidence for the efficacy of complementary and alternative medicines and therapies to treat people with Parkinson’s. This is because there is a lack of research in this area. Some research into some complementary and alternative medicines and therapies that are non-Parkinson’s specific has failed to prove efficacy.\(^3\)

However, there is a high rate of satisfaction for people who use complementary and alternative medicines and therapies.\(^4\) Of those who do use complementary and alternative medicines and therapies, many people use it to relax or simply because they like it.\(^5\) There may be an element of self-reward as a consequence of it providing an added contribution to their own treatment.

There is very little statutory regulation of complementary and alternative medicines and therapies. Unlike GPs and nurses who have to be registered in order to practice, most complementary and alternative therapists can practice without being registered and they are not breaking the law.\(^6\) This means there is a lower level of protection for people who choose complementary and alternative medicines and therapies. This is why it is vital to check the accreditation of the practitioner.

The only therapy recommended by the National Institute for Health and Clinical Evidence (NICE) is the Alexander technique to help day-to-day movement for people with Parkinson’s.\(^7\)

**What Parkinson’s UK is doing**

We provide information guides on complementary therapies and Parkinson’s.

Many of our local groups provide complementary or alternative therapy sessions or classes for their members, such as reflexology. They also provide a range of other activities, such as singing and dancing, that some people with Parkinson’s find of benefit.\(^8\)

We advise that people discuss any plans to use complementary and alternative medicines and therapies with their Parkinson’s specialist. Some therapies and medicines could have side effects or clash with prescribed medicines and treatments and they should not be used as a substitute for medication.

**Acknowledgement**

We are grateful for the advice and guidance of our Policy Panel in shaping this position paper on complementary and alternative medicines and therapies. The Policy Panel consists of

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\(^3\) Professor Edzard Ernst estimates that about 5% of complementary and alternative medicine is backed by evidence. The complementary medicine detective, *New Scientist*, 26 April 2008


\(^5\) 21% of people use complementary and alternative medicines because they like it and 19% of people use it because they find it relaxing. House of Lords, Science and Technology Committee. Sixth report. (2000) *Complementary and alternative medicine*. Chapter 1, paragraph 1.25

\(^6\) The exceptions to this are osteopaths and chiropractors who now have to be registered in order to practice


\(^8\) There are some studies that support the benefits of singing in Parkinson’s, for example Caroline et al (2012) ‘Can group singing provide effective speech therapy for people with Parkinson’s disease. *Arts & Health: An International Journal for Research, Policy and Practice*, 4(1): 83-95. However, more research is needed in this area.
people with experience of Parkinson's who meet on a regular basis to help guide the charity's position on a range of policy issues.

Further information

Please contact the Health Policy and Campaigns team. Tel: 020 7932 1325 or email: campaigns@parkinsons.org.uk

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