

A brief history of the Research Council for Complementary Medicine

In the early 80's, the term 'complementary' started to be used to describe the disparate range of therapeutic systems that were outside of the mainstream medical services. They were known collectively by a variety of names such as fringe medicine, alternative medicine, natural therapeutics, or natural medicine, based on the unifying philosophy of facilitating and supporting the self-healing drive to homeostasis of the human body. Complementary was the term coined by Stephen Fulder in an attempt to overcome the divisive implications of 'conventional' versus 'alternative'. He was the co-author, with Robin Munro a landmark survey of Complementary Medicine in the UK (Fulder & Munro 1981) that was supported by the privately-funded Threshold Foundation.

The various treatments and approaches to health such healing, hypnotherapy, osteopathy, homeopathy and acupuncture had been around for a very long time; some, such as acupuncture and ayurvedic medicine, originating in the Far East and Orient; others, such as naturopathy, homeopathy, and osteopathy growing out of European and American traditions. It was clear from the Threshold Survey that these systems of treatment were well-established and fulfilled a need that could not be met by the overburdened conventional medical systems.

At a meeting to launch the publication of the survey, held at the Charing Cross Hospital through the support of its chief cardiologist, Dr Peter Nixon, Fulder together with Harold Wicks, Administrative Director of the Threshold Foundation, conceived the idea of a permanent research organisation for complementary medicine. Also, at this meeting was Dr Richard Tonkin, Honorary Consulting Physician to Westminster Hospital Medical School, who had worked in China and been impressed by traditional Chinese medicine and acupuncture. At the prompting of his wife, Duthy, Dr Tonkin discussed this with Sir Douglas Black, then President of the Royal College of Physicians, who recommended that he should go ahead and set up an equivalent to the Medical Research Council that could address the specific research needs of these therapies and as a consequence RCCM was established.

- the Research Council for Complementary Medicine was created in 1983 to encourage and facilitate research into complementary and alternative medicine systems and to ensure the results were as widely disseminated as possible.
- council members were recruited from a variety of backgrounds including academia, research, medical, complementary therapies and independent lay members (see Council members 1986 for reference).
- in 1985 a Research Methodology Fellowship, funded jointly with the Medical Research Council was established at Glasgow University. This generated a landmark study in the management of hay fever using a homeopathic preparation of mixed grass pollens and published in *The Lancet* (Taylor Reilly, D. 1986).

- throughout the 1980s and '90s the RCCM became increasingly involved in joint initiatives and conferences examining issues around integrated practice
- in 1995 RCCM establishes a Centralised Information Service for Complementary Medicine (CISCOM) database, the first resource of its kind.
- RCCM gives verbal and written evidence to the House of Lords Select Committee on Science and Technology's enquiry into complementary and alternative medicine (House of Lords Select Committee on Science and Technology, 2000)
- in 2005 RCCM was commissioned to undertake and completed some very large projects in partnership with universities, including the major three-year CAMEOL project for the Department of Health to assess CAM interventions in NHS priority areas.
- involved in creation of a unique Thesaurus of CAM terms.
- CAMRN network for researchers was founded in approximately 2002.
- RCCM continues to pursue its objectives in a changing environment for CAM research and education and can claim some credit for the greater awareness of the role that natural therapies can play in mitigating the burden of ill health and disease.

End.