

## The Latin American Experience

*Dr Damir Shakambet opened the Biomedic Clinic in London in 1994 followed by the launch of the educational foundation, the British and International Society for Bioregulatory Medicine. He has lectured and taught Bioregulatory Medicine throughout the world and here focuses on his experiences in Latin America.*



In 2011, I visited the Colombian capital Bogota to deliver a lecture in front of 2,000 medical doctors. Apart from trying to ignore the sound of the noisy traffic right outside the building, I also had to accept

some cultural differences as delegates constantly got up and left during my talk to grab a quick tea and biscuits before returning to hear some more.

But I have very fond memories of my Colombian colleagues. Their enthusiasm and passion for complementary medicine was enchanting. I experienced the same inquisitive attitude in other South American countries.

My audience in Bogota were all allopathic doctors as there are no complementary practitioners in that country who are either formalised into a group or have separate training. Complementary medicine is practiced by physicians alongside their conventional treatments. In Colombia alternative medicine is embraced by allopathic practitioners and there are some postgraduate courses at Universities mainly in herbal and homeopathic medicines.

These Colombian doctors were very open to radically new ideas which I think is probably due to their cultural affinity with nature and folklore – even in urban centres.

Colombian law does not make a distinction between alternative and allopathic medicine and most homeopathic manufacturers are part of an integrated pharmaceutical market and have equal standing. In both government and private hospitals, CAM treatment is usually delivered through herbal or homeopathic medicines which are readily available from hospital pharmacies.

My overall impression, however, is that there is room for more education about CAM in terms of what is can be used for and its proper application.

Unlike Colombia, Bolivia is made up largely of an indigenous Indian population. The Bolivian medical establishment is keen to embrace complementary medicine but they do not have formal CAM courses or associations.

Their medical association, Colegio Medico (akin to the British Medical Association) invited us as to develop, together with the University Nur, a year-long CAM course, focusing on Bioregulatory Medicine.

Maybe because Bolivia is one of the less economically developed countries in the region, doctors there seem keen to develop a preventive their quest for CAM is strong and they seem to be accepting and eager to try a new, rather economical preventative medical approach as a medical alternative.

We did come across a number of homeopaths, but no one who practised acupuncture or any manipulative medicine.

I have also travelled to Honduras and El Salvador as part of my lecture tour. I was amazed to find a small but vibrant CAM community in Honduras who were keen to learn more about bioresonance and bioenergy medicine. In Honduras they are at the very beginning stages of exploring CAM therapies and there are some local native herbalists practising in an informal way, usually from home.

In San Salvador we spoke to an audience of about 100 medical doctors who were keen to learn about alternative approaches to treating patients, but their medical training influenced their views and their view of CAM was still very prescriptive. This affected their expectations.

I think that Latin America on the whole will provide huge opportunities for CAM and its development is dependent to a certain extent on the economic development of each country. Countries like Colombia or Brazil are eager to embrace CAM, with existing native herbal alternatives practised at an informal level. Complementary medicine is of greater interest in the more developed countries probably due to an increased incidence of degenerative diseases and a western diet.

However, in some less developed countries such as Bolivia or Guatemala where social and criminal issues are much greater and the lack of a basic medical service means that interest in CAM is not a priority.

*Dr Shakambet is a BRCP Senior Practitioner and Advisor to the ICNM and runs an affiliated ICNM Course in Bioregulatory Medicine. For more information: [www.biomedic.co.uk](http://www.biomedic.co.uk)*