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Non-pharmacological Therapies in Integrative Rehabilitation and Physiotherapy

Andrés J. Ursa Herguedas

Abstract

Although pharmacological therapy is a resource to be taken into account in rehabilitation medicine and physiotherapy (RMP), a series of therapies, techniques, and empirical practices have been available since time immemorial, some with scientific publications, which play an important role in healthcare current health worldwide. Some millennials like Traditional Chinese Medicine (TCM) and medicinal plants (MP), and other centenarians like Homeopathic Medicine (HM) and Osteopathic Medicine (OM). In the twentieth century, numerous medical techniques were developed, framed under the term of Biological Medicine in Europe such as Antihomotoxic Medicine (AM), Neural Therapy (NT), Catalytic Oligotherapy (CO). Throughout the twentieth and twenty-first centuries, the wealth of experiences and knowledge on the application of Growth Factors in therapeutics, Oxygen-Ozone Therapy, and other related techniques that have enriched medical practice has increased. The objective of this chapter is to highlight the convenience of incorporating unconventional therapies (UT) techniques with scientific evidence into RMP that enjoy efficacy, efficiency, and economic and environmental sustainability. It would be desirable to allocate more financial resources to continue researching these therapies, implement them in Health Sciences studies and continue working to comply with the maxim of medicine that is “primum non nocere” (first do no harm).

Keywords: rehabilitation medicine, integrative physiotherapy, unconventional therapies, integrative medicine

1. Introduction

RMP, developed from the Hippocratic doctors of the fourth century to C, and technically and scientifically perfected to this day, with its holistic, non-organicist, and multidisciplinary nature, is a continuation of the process of recovery from multiple human conditions, from traumatic to degenerative, at all ages of life. Its mechanism of action, which is becoming better known, is based on the tendency to spontaneous healing that the organism has (Vis medicatrix naturae of the Hippocrats), today explained by the multiple homeostatic mechanisms available to the human economy, some of them collected in **Table 1**.

Rehabilitation medicine, physiotherapy, and the like (speech therapy, occupational therapy, orthopedics, psychology) have been enriched in recent decades by

System/phenomenon	Mechanism	Function
Neuroendocrine regulation	Hypothalamic-pituitary-adrenal/gonadal axis	Growth menstrual cycle birth. lactation, metabolism stress, etc.
Immune system	Natural and adaptive	Defends against hostile external and internal agents
Blood coagulation system	Coagulation cascade (12 factors)	Prevents spontaneous bleeding Wound healing process
Bone regeneration after fracture	Remodeling	Restitutio ad integrum
HLA system	T cells: examine peptides and distinguish whether they are self or foreign	Recognizes peptides and presents them on the surface of antigen-presenting cells (macrophages)
Renin-angiotensin-aldosterone system	Kidney-lung/heart-adrenal	Regulates blood pressure
Thermoregulation	Hypothalamus	Adaptation to the environment
Bicarbonate-carbonic acid system	Breathing	Maintains pH
Kidney function	Nephron	Electrolyte and acid-base balance
Endocrine pancreas	Insulin-glucagon	Glycemic regulation
Food digestion	Digestive secretion	Nutrient absorption
Gut microbiota	Absorption of nutrients, synthesis of vitamins, production of short-chain fatty acids, etc.	Immune, neurotransmitters, etc.
Neuroplasticity	Establishment of neural connections due to the effect of various stimuli	Recovery after brain injuries, cerebrovascular accidents, etc.

Table 1.
Some of the homeostatic systems of the organism (taken from Guyton and Hall’s medical physiology, 2016 and completed by A. Ursa) [1].

a series of techniques and methods, with implantation determined according to different countries and public or private practice, such as acupuncture, osteopathy (joint manipulations), neural therapy, different manual techniques (Cyriax, etc.), dry needling, etc., as well as concepts such as Bobath’s or methods such as Perfetti’s or Therasuit’s, the aims being an assistance comprehensive customer service and functional recovery.

Although it is true that physiotherapy has been gaining in attributions in recent years, such as the capacity for diagnosis and treatment, the scheme “the rehabilitating doctor diagnoses and prescribes and the physiotherapist executes” is still valid.

A legal obstacle for physiotherapists is the limitation in their therapeutic actions. Although it varies from country to country, these health professionals are generally denied access to the internal environment to introduce substances with pharmacological activity. As in other professional groups (Odonto-stomatology, podiatry, etc.), they have a limitation in the pharmacological prescription, covering a reduced group of drugs.

A good number of physiotherapists, especially those who work on their own in the private sphere, knowing about drug iatrogenesis, have adopted unconventional therapies (UT), such as phytotherapy, acupuncture, osteopathy, etc., or conventional ones such as diet therapy, in order to facilitate the healing processes.

This chapter deals with UTs that can contribute to a better response in the field of RMP, either by shortening the recovery time, reducing pain, or achieving good functionality, enriching their scope of action. Some of these techniques can be used in physiotherapy.

2. Complementary techniques in rehabilitation medicine and physiotherapy

2.1 Acupuncture

It is one of the techniques used in Traditional Chinese Medicine (TCM). Introduced and disseminated in Europe by Soulié de Morant, French ambassador to China in the nineteenth century [2]. The Canon of this discipline is the Nei King, written in the time of Emperor Huang Ti around the year 2610 BC. This treatise includes the conception of life according to Chinese philosophy, the theory of Yin and Yang (the TAO), etc., which is also applied in therapeutics. In the doctrinal exposition of the Nei King, collected in the treatise called Sou Wen, he talks about the Tch'i (Chi) energy that, circulating through some channels (meridians), would fill all the organs of the body with vital energy. The energy from the breath, the cosmic, and others would be added to this energy. All these approaches lead to the Theory of the Five Elements. At first, they coincided with the four elements of the Hippocratic Tradition (water, fire, earth, and air). Later, during the reign of Emperor Wou (1122–255 BC), a fifth element was added. These five elements would be governed by specific laws forming the Ko cycle [3].

The disease in TCM is an alteration of the energy balance, with physical and/or mental impairment. By means of certain techniques, the therapist must be able to restore the energy balance that results in the restoration of health [3].

Table 2 shows the techniques most used in TCM to restore health, in addition to acupuncture.

Technique	Procedure	Rationale
Moxibustion	Combustion of mugwort (plant) on specific points	Provides heat to stimulate or inhibit
Diet Therapy	Food Yin and Yang	Energy balance
Chinese Materia Medica	Medicinal plants in capsules, tablets, infusion, etc.: minerals, etc.	Specific effects
Digitopuncture	Massage in certain points	Symptomatic relief in acute conditions
Auriculomedicine, manopuncture, etc.	Puncture of the pinna, hand, etc.	Represents the entire organism
Tui Na massage	Stimulation of meridians	Circulation of Chi
Suction cups	A vacuum is created (negative pressure)	Decongests in depth
Chi-kung	Specific movements with a certain speed	Preventive and curative purposes through the mobilization of energy

Table 2.
Techniques most used in TCM (taken from the complete book of Chinese medicine) [4].

Acupuncture is a physical therapy based on the millenary observation that needle puncture in certain areas of the skin lining can lead to the re-establishment of certain conditions. Several mechanisms of action have been proposed, one of the most investigated being the analgesic effect produced by the release of endogenous opioids, already described in the 70s of the twentieth century [5].

In 1979 the World Health Organization (WHO) made public that acupuncture was effective in 49 conditions. With the standardization of the STRICTA criteria for clinical trials with acupuncture, the indications for chronic painful conditions such as headaches, osteoarthritis, low back pain, etc., were reduced [6].

Acupuncture, as a therapy, has its contraindications and side effects. Because of this, it is recommended that a health professional apply it.

2.2 Homeopathy (homeopathic medicine)

Although Homeopathic Medicine (HM) is in low hours, it has been used from the nineteenth century to the present day.

The law of similarity on which homeopathy is based appears already in the Hippocratic writings. In the Renaissance, Paracelsus made his observations on the minimum doses, but it was necessary to arrive at its implementation with the German physician Samuel Hahnemann (1755–1843). Disappointed by the medicine of the time based on bloodletting and other ineffective and highly iatrogenic procedures, he abandoned the medical practice. To continue caring for his large family, he had 11 children, since he was fluent in several languages, he dedicated himself to translating medical books into other languages. In translating a book by Cullen, he called her attention to a procedure that he tried on himself and on his family with good results. Encouraged by the successes, he developed and perfected the homeopathic method. He compiled his observations in a treatise the organon of the art of healing that saw its first edition in 1810. He made numerous disciples and spread homeopathy to the rest of Europe, America, and other countries [7].

The procedure for obtaining the homeopathic remedy follows a series of steps until the desired dilution is obtained. Its mechanism of action is still unknown. Due to this, in recent years a smear campaign has been orchestrated qualifying homeopathy as pseudoscience.

The truth is that homeopathy is still used throughout the world, its results are acceptable – although the demands have been made in clinical trials – it does not produce iatrogenesis, its cost is affordable, and its environmental impact is acceptable.

Homeopathy should continue to be investigated with its own method since as it does not consist of weight doses such as pharmacology, and is individualized treatment, the scientific method for its validation is not always valid.

Possibly the day will come when science and technology have advanced and the mechanism of action of this therapy can be unraveled. When requiring a clinical diagnosis, the prescription of the homeopathic remedy should be exclusive to the doctor. This is not the case in the vast majority of cases, and this could be the reason for the smear campaign.

2.3 Osteopathy (osteopathic medicine)

The term Osteopathic medicine (OM) of osteo (bone) and ducks (disease) is not a graceful name to name this preventive and therapeutic method, with its own diagnostic techniques. Its main field of application is the joints. OM was developed in the United States (USA), its pioneer being the physician Andrew Taylor Still (1828–1917), who stated its principles [8].

Still claimed that human diseases originate from problems of the musculoskeletal system, and that manual manipulation could solve these problems by taking advantage of the body's self-healing potential [8]. Like many other empiricists, he developed this method after his wife and daughters died of meningitis. The remedies of the time were not enough to save their lives.

OM can be considered as an integral medicine that cares for the person in all its dimensions, unlike allopathy that fragments the organism into patches. It enhances or favors the body's self-healing processes (the *vis medicatrix naturae* of the Hippocrats) in order to restore homeostasis [8].

OM is based on the knowledge of the anatomy and physiology of tissues and organs, biomechanics, as well as the functional/dysfunctional interrelation between the different tissues. In the diagnosis and treatment, it uses conventional processes and others specific to the method [8]. The WHO and the European Union, the latter with the European standard on Osteopathy (UNE-EN 16689) defined the academic, professional, scientific, and ethical parameters years ago [8].

The OM is widely disseminated throughout the world. There are countries with official studies (USA, England, France, Belgium, Portugal, etc.). Regarding the professional figure, there are countries that are taught exclusively to doctors, such as Russia. In Italy, they train doctors and physiotherapists respectively in OM. In Spain and Latin America, there are OM schools where physiotherapists are taught above all [8]. In Australia, the United Kingdom, and New Zealand, non-medical osteopaths are regulated by law. In Canada and Germany, both doctors and non-doctors can practice OM, with the corresponding authorizations. In Spain, the order of the Ministry of Science and Innovation CIN/2135/2008, of July 3, established the requirements for the verification of official university degrees that would qualify for the exercise of the profession of physiotherapist and established osteopathy as a subject of the Degree in Physiotherapy. Several Spanish universities offer post-graduate courses in Osteopathy.

The most prominent OM types are listed in **Table 3**.

The indications for OM, therefore, are broad and focus on the treatment of spinal pain and diseases, visceral dysfunctions (hiatal hernia, gastroesophageal reflux, intestinal transit disorders, etc.), and cranial dysfunctions (neuralgia, migraines, dizziness, etc.) [8].

Despite the criticism of OM for its scientific evidence, more and more quality publications are being made.

OM meets the appropriate conditions to integrate it into the health systems in the near future since it is decisive in musculoskeletal and joint diseases, often without pharmacological intervention, and may contribute to the reduction of health costs. It does not require large facilities and is environmentally sustainable.

Good training, whether medical or non-medical, would be desirable, as it has indications, contraindications, and the possibility of side effects.

	Place of actions	Aims/objectives
Structural	1 Focuses on the spine	Restore the musculoskeletal, articular, and postural systems
Cranial	Nervous system (through the mobility of the cranial sutures)	Action on cerebrospinal fluid and circulation
Visceral	Organs and viscera	Through improved blood flow, obtain a benefit in the organ/viscera

Table 3.
Types of O/MO (taken from the book osteopathy based on evidence).

2.4 Phytotherapy

The word comes from the Greek – phytós (plant or vegetable) and therapeia (therapy). It is the part of the therapy that uses products of plant origin (medicinal plants) for the prevention, cure, or relief of certain human conditions.

The WHO defines phytotherapy as the science in charge of studying plant products for their subsequent use in the therapy of pathological states [9]. It refers, above all, to the empirical use of medicinal plants (MP), with a long tradition in all cultures. Phytomedicine, however, involves a transformation of MP into drugs or phytopharmaceuticals, after clinical trials in order to guarantee the quality, safety, and efficacy [10].

The medicinal use of plants dates back to the mists of time. Used in all great civilizations to restore health, the contributions of Ancient Egypt, Greece, and Classical Rome stand out. There were no great advances in the Middle Ages until the Renaissance, where Paracelsus discovered that the properties of MP lie in the active principles [11].

WHO recommends to health authorities that each country include medicinal plants in health systems and especially in primary health care [9].

In some countries of the European Union, phytotherapy is applied mainly by doctors, although its use is very extensive, and the legislation does not hinder anyone who wants to use it. In the United States, only licensed physicians are allowed. In general, training on phytotherapy is provided in all countries, although their degree of officiality varies: some have specialties for doctors or postgraduate programs at the university, as in Germany, Italy, or Spain. In other countries, training is carried out by non-university entities such as Sweden or Canada [11].

WHO recognizes the importance of medicinal plants in the treatment and prevention of multiple diseases [9].

In general, health professionals qualified as primary and specialized care physicians have little knowledge on this subject and, at times, it is a reason for discord with patients, since many MPs cause interactions with commonly prescribed drugs. Phytotherapy is a resource to consider for multiple reasons: MP is found in nature, it is easy to prepare, etc. If we want to obtain better results, we have to go to Phytomedicine which, with standardized preparations, backed by clinical studies, guarantees quality, safety, and efficacy.

2.5 Neural therapy

The brothers Ferdinand and Walter Huneke, German doctors, in 1928 made known to the world of medicine the existence of “unknown distant effects of local anesthetics.” Surprising results had been achieved since 1923 by applying procaine to certain areas (scars, etc.). Ferdinand Huneke observed in 1940 the so-called phenomenon in seconds. By applying a procaine injection in the area of periostitis in the context of chronic osteomyelitis in a lower limb, he managed to cure in a few seconds a persistent and painful disease in the shoulders that had been treated without success with the so-called segment therapy. With this fact, he deduced that the states of nervous irritation, called interference fields (IF), located outside the metamere can cause and maintain different diseases. By applying procaine, these IFs and pathologies that are reluctant to conventional therapies can be eliminated [12].

The purpose of Neural Therapy (NT) is to facilitate the self-healing mechanisms of the diseased organism through stimuli in specific points/areas that act on the autonomic or vegetative nervous system (VNS) [12].

The scientific bases of NT have their beginnings in the investigations of Pavlov and Speransky. Later the contributions of Ricker, Pischinger, and Virchow [12] were decisive.

To understand the neural therapeutic effect, it is necessary to take into account the concept of the basic system (BS), described by Pischinger, which is the carrier of non-specific defense functions. Its regulatory system is located in the extracellular space and behaves as a functional unit. The whole organism is connected through this BS and this also connects with the cells of the parenchyma. In chronic diseases, there is a dysfunction of the BS.

BS consists of undifferentiated soft connective tissue cells (reticulocytes or fibroblasts), extracellular tissue fluid, capillaries, and nerve terminal vegetative fiber plexuses [12].

The levels of integration of VNS, with feedback systems, explain many of the effects of NT. **Table 4** lists these levels of integration.

Although in NT chemical substances such as procaine or lidocaine are used, in very low concentrations, I wanted to introduce this therapy in this chapter since there are many advantages it offers to restore health as long as it is applied by an experienced therapist.

The “irritations” in the nervous system can be produced by infections, surgical interventions, scars, fractures, dental problems, mental trauma, eating disorders, etc. These events can generate the conditions for the appearance of certain conditions that can manifest locally or remotely, depending on the predispositions of each person. The goal of NT is to neutralize these irritations that affect VNS and cause health problems. To neutralize these irritations, a local anesthetic is used, one of the most common being procaine hydrochloride at a concentration of 0.5 to 1%. This substance is used since it has a high electrical potential. Procaine repolarizes and stabilizes the cell membrane potential (previously altered) thus allowing the recovery and stabilization of VNS. Furthermore, VNS can be acted upon through the cuti-visceral sympathetic reflex. Although there are other neural therapies, procaine offers more advantages due to its vasodilator effect, short half-life, and low toxicity [12].

The improvement achieved with NT can be immediate (phenomenon in seconds), although the most common is the repetition of several sessions until recovery is achieved. Although NT can be used in any condition, the fields in which it is most used are in the musculoskeletal system and in chronic pain. NT has its indications, contra-indications, and side effects, so it is advisable to practice it by a health professional (medicine, nursing, odonto-stomatology) with experience in the technique. It can be used in all ages and for any disease. Physiotherapists cannot use NT but it is important for them to know the technique for good coordination within a multidisciplinary

Level	Location	Action/effects
Autonomous periphery	Basic system (Pischinger)	Nonspecific defense
Peripheral-spinal	Reflex segment	Physical (muscle) and psychic (emotions, etc.) levels
Rhombus-mesencephalic	Medulla, protuberance, reticular formation, tectum, etc.	Cardiocirculatory, alertness, muscle tone, etc.
Diencephalic	Thalamus and hypothalamus	Neuro-endocrine coordination
Cortical	Limbic system	Psychic phenomena in somatic pathology

Table 4.
Integration levels of VNS (taken from the book by L. Fischer, neural therapy according to Huneke, 2012).

team. NT is therapy with good results, safe and economically and environmentally sustainable. It would be desirable to include it in the national health system of the different countries in order to obtain rapid results, reduce iatrogenesis and health costs.

2.6 Homotoxicology (antihomotoxic medicine)

According to the International Academy of Homotoxicology (IAH) Antihomotoxic Medicine (AM) is a regulatory therapy devised by the German physician Hans-Heinrich Reckeweg (1905–1985). In 1952, he published the theory of Homotoxicology based on homeopathic medicine. The foundation of this therapy is the fight against homotoxins since they would be the cause of diseases. Reckeweg's goal was to establish a comprehensive perspective of medical science at the time and to establish a bridge between conventional and unconventional medicine [13].

According to Reckeweg, all the processes, syndromes, and manifestations that we know as diseases are the expression of the body's fight against toxins and its intention to neutralize and excrete them. To achieve this end he uses homeopathic products, medicinal plants, organic, and pharmacological products, etc., in various homeopathic dilutions to apply them in the phase in which the disease is found according to the table of six phases [13].

The “biological cut” is the separation between the cell and the extracellular environment [13].

Homotoxicosis would be a pathophysiological state that would originate after the action of a homotoxin on cells and tissues. It would manifest itself in a humoral or cellular way (see table of the six phases) and can be accompanied by morphological changes in the tissues. This state induces defense measures of the organism in order to eliminate homotoxins and restore health. To do this, it acts on the extracellular matrix (basic system) described by Pischinger (as in Neural Therapy according to Huneke). The body, depending on various factors, can achieve this balance by itself. If this is not possible, there are several possibilities for action. If we use the principle of opposites (anti-inflammatory, etc.) there is the possibility of a progressive vicariation (it would evolve to a disease of greater caliber), on the other hand, if we use AM, the advancement of the disease would not occur but the regression (vicariation regressive) [13].

The different components of the antihomotoxic preparations stimulate the body's defense system, through the immune assistance reaction (IAR), this being its main mechanism of action. IAR is based on low-dose antigen reactions (D1 to D14). When administering antihomotoxic products orally, parenterally, sublingually, etc., the nonspecific defense (monocytes/macrophages) acts in interaction with the specific one. In areas of dysregulation, especially where there is inflammation, Th3 cells that secrete cytokines such as the transforming tissue growth factor-beta with broad anti-inflammatory effect are attracted [14].

Antihomotoxic preparations must be prescribed in the phase in which the patient is, so an appropriate anamnesis and examination will be necessary. Sometimes techniques such as autohemotherapy, isotherapeutic (nosodes), etc., are used to achieve the objectives. The combined technique of TA with neural therapy achieves better results and in less time [13].

AM, well applied, has shown its effectiveness in most pathological processes, especially in the area of inflammation. In specialties such as sports medicine, it accelerates the healing of injuries and does not produce doping.

2.7 Catalytic oligotherapy

The concept “trace element (trace element)” was first used in 1885 by Gabriel Bertrand, who later deduced that trace elements were vital to all cells in minute

Number	Diathesis	Behavior	Clinical	Therapeutic
I	Arthritic/allergic	Morning asthenia. Memory impairment. Optimistic	Migraines. Allergy. Heart disease	Mn I/S
II	Hypostenic	Fatigue. Pessimistic	Respiratory, digestive, and skin fragility	Mn-Cu
III	Dystonic	Morning asthenia Difficult to focus. Anxiety	Neuro-vegetative dystonia. Circulatory disorders	Mn-Co
IV	Anergic	Asthenia. Memory disorders Depression	Acute infections Rheumatism	Cu-Au-Ag
	Maladjustment syndrome	Periodic asthenia. Depression	Endocrine dysfunction	Zn-Cu/ Zn-Ni-Co

Table 5.
Diathesis according to Ménétrier (taken from Colonques [17]).

quantities. The use of trace elements for therapeutic purposes (oligo therapy) began in France with the research of Bertrand (nineteenth century) and Jacques Ménétrier in the middle of the twentieth century [15].

Jacques Ménétrier (1908–1986) is considered the founder of functional medicine, of Catalytic Oligotherapy (CO), and one of the main representatives of field medicine, pioneered by the French scientist Claude Bernard [16]. CO activates a trace element present in the body in order to regulate a specific metabolic pathway [17].

Ménétrier classified groups of diseases according to the inherited terrain, their receptivity or resistance to certain diseases according to their physical and mental behaviors, and defined a series of “terrains” that he called “diathesis.” With his practice, he demonstrated the relationship of a specific diathesis with one or more trace elements that, in case of disease, its administration achieved improvement/recovery, acting on the metabolic pathways of said terrain. **Table 5** shows the Ménétrier diathesis, behavior, symptoms, and regulatory trace elements [17].

According to Ménétrier, functional diseases present very different and vague clinical pictures, with imprecise signs, compared to classic diseases. They do not present lesions in radiology, nor alterations in clinical analysis. He affirmed that “most diseases do not belong to the sector of true and proper pathology, but they do belong to functional diseases, which are simple dysfunctions of the organism and that, if they are not corrected at this stage, lead to specific diseases [18].

CO, as it can be used for preventive or curative purposes. The highly diluted and ionized preparations are administered. Among the different routes of administration, the sublingual is one of the most widely used. The dosage is the same for all ages. It can be associated with drugs with very few incompatibilities and with most complementary therapies (acupuncture, Phytotherapy, etc.). The European Medicines Agency, in a review a few years ago, left some diathesics treatments for CO out of hand by removing some trace elements for being supposedly “toxic”.

3. Prevention in integrative rehabilitation and physiotherapy (IRP)

A task little known by users of health systems but insisted ad nauseam by IRP professionals is the preventive aspect. Users, in general, go to IRP services in case of injury and most are unaware of the preventive aspect of IRP in both athletes and non-athletes. On the other hand, the WHO has issued a document in 2017 (Rehabilitation 2030) in which it warns of the need for IRP in the world and that

due to the lack of these professionals, the inhabitants of less developed countries will be left unprotected. This will lead, posteriori, to higher healthcare costs since illnesses and/or injuries have not been detected, assessed, and treated which, if they had done so, would have contributed to reducing morbidity and mortality. In developed countries, the services offered by IRP are not sufficiently valued for various reasons. It is not uncommon for a stroke to be included in an IRP program late, due to service saturation or other reasons, obtaining worse functional recovery.

According to the WHO, greater access to rehabilitation services is required to “ensure healthy lives and promote well-being for all at all ages”. This coincides with point 3 of the Sustainable Development Goals (SDG) and specifically SDG 3.8: “Achieve universal health coverage, including protection from financial risks, access to quality basic medical services and access to safe, effective, quality and affordable basic medicines and vaccines...” [19].

The role of rehabilitation is essential for the effective implementation of the Global Strategy and Plan of Action on Aging and Health (2016–2020) [20], the Plan of Action on Mental Health (2013–2020) [21], and the Framework on people-centered integrated health services, and as a contribution to the WHO [22].

4. Conclusions

There are approximately one billion people with disabilities on the planet, most of whom lack access to medical care and RMP services. Because of this, these people have more problems achieving and maintaining an adequate level of autonomy and health. The deficit of RMP services hinders inclusion and participation in all aspects of life, leading to misery and poverty.

The processes and procedures employed in RMP are intended to allow people with disabilities to achieve and maintain an optimal level of physical, sensory, intellectual, psychological, social, and spiritual performance. RMP encompasses a wide range of therapeutic possibilities, some with scientific evidence and others with less scientific evidence, but widely used by the world population and with wide acceptance. The WHO has been recommending for decades that all available therapeutic resources should be used and that research is continued for their validation [23].

Persons with disabilities should have access to general medical care and adequate RMP services.

The Convention on the Rights of Persons with Disabilities states that countries must ensure that persons with disabilities have access to appropriate health services, including general health care and RF services, and do not suffer discrimination in the provision of health services. WHO actively supports the application of the Convention, having ratified it in successive meetings with representatives of member countries.

Conflict of interest

There is no conflict of interest.

Abbreviations

RMP	Rehabilitation medicine and physiotherapy
UT	Unconventional Therapies
TCM	Traditional Chinese Medicine

USA	United States of America
WHO	World Health Organization
MP	Medicinal plants
OM	Osteopathic Medicine
AM	Antihomotoxic medicine
IAH	International Academy for Homotoxicology
IAR	Immune assist reaction
NT	Neural Therapy
IF	Interference field
BS	Basic system (Pischinger)
VNS	Vegetative nervous system
CO	Catalytic Oligotherapy
IRP	Integrative Rehabilitation and Physiotherapy
SDG	Sustainable Development Goals

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