This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.
WHOLE HEALTH: CHANGE THE CONVERSATION
Introduction to Complementary Approaches
Educational Overview

Vignette: Annie

Annie, a 70-year-old retired nurse, is one of the 11,000 women who served in the Vietnam War. She tells you she prefers to avoid “Western medicine” if she can. Recently, however, the need to have a hip replacement for severe osteoarthritis brought her into the VA system. She was pleasantly surprised to learn that the VA offers complementary medicine, and she has a lot of questions for you about these.

Aside from the hip concerns, Annie feels she is fairly healthy.

- She has mild hypertension, which she says she controls using coenzyme Q10 and relaxation exercises.
- She has been meditating for over 35 years (using transcendental meditation) to manage anxiety.
- She is overweight, with a Body Mass Index (BMI) of 28, but she calls herself a “happy fat person.” She eats organic foods and exercises 180 minutes a week. In addition, she goes to yoga class three times weekly.
- She has been happily married to her husband of 51 years, Krishna. He introduced her to Ayurvedic medicine. She describes herself as “a kapha dosha, through and through.” (Kapha dosha is one of the Ayurvedic mind-body types; see the Ayurveda clinical tool for more information.) She tailors her diet to reduce kapha.
- Annie prefers to avoid prescription medications. She takes turmeric for aches and pains, ginger for nausea, and valerian for sleep.
- She lost a son in Afghanistan, and she continues to “hold his memory and the grief of his loss.” She worked extensively with a grief counselor in the past and feels that she is doing as well as can be expected with this.
- Annie has a team of complementary medicine providers whom she sees regularly. She has seen an acupuncturist for 10 years to help with her arthritis, takes a few constitutional remedies recommended by her homeopath, and sees a chiropractor on the rare occasion when she has back pain.
- As one of the earliest members of the American Holistic Nurses Association, Annie has been a long-time practitioner of Healing Touch. She used to offer it to patients in the hospital where she worked, and she still will occasionally use it to treat clients in her home.
- She uses a bioidentical hormone cream to help with hot flashes that she still gets on occasion.

Annie is excited to complete a Personal Health Inventory (PHI) for you. You note that she rates herself quite high in most categories, and this includes giving herself a five out of five for her current state on all the components of self-care except for two of them. She gave herself a four for “Spirit and Soul,” and notes she wants to be at a five.
Spirit and Soul: “Growing and Connecting” includes having a sense of purpose and meaning in your life, feeling connected to something larger than yourself, and finding strength in difficult times.

Where you are: Rate yourself on a scale of 1 (low) to 5 (high)

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Where would you like to be?

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What are the reasons you choose this number?

I have done Transcendental Meditation since the 1960s. I am not part of a religious community right now, but I am very spiritual. There is always room for more of this in life, I think!

What changes could you make to help you get there?

Meditate even more regularly. Go on more retreats. Maybe join a meditation group.

Annie gave herself a two for “Recharge” and wants that to be a five as well.

Recharge: “Sleep and Refresh” includes getting enough rest, relaxation, and sleep.

Where you are: Rate yourself on a scale of 1 (low) to 5 (high)

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What are the reasons you choose this number?

Ever since menopause, my sleep isn’t too great.

What changes could you make to help you get there?

I have tried several supplements, like valerian. I wonder if there are others out there?

You also note that she rated herself low on the PHI question about “Professional Care,” noting that she is a two. She is “A little bit” up to date with routine screening tests and preventive care. She avoids mammograms, preferring instead to do screening with a local naturopathic physician who offers breast thermography.

Professional Care

Prevention: On a scale of 1-5, circle the number that best describes how up to date you are on your preventive care such as flu shot, cholesterol check, cancer screening, and dental care.

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Not at all | A little bit | Somewhat | Quite a bit | Very Much

Clinical Care: If you are working with a healthcare professional, on a scale of 1-5, circle the number that best describes how well you understand your health problems, the treatment plan, and your role in your health.

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Not at all | A little bit | Somewhat | Quite a bit | Very Much

☐ I am not working with a health care professional.
Annie would like your opinion about her overall approach to her care, including your advice regarding the various treatment approaches she is using. To sum up, these are:

- Acupuncture
- Ayurveda
- Bioidentical hormones
- Chiropractic
- Dietary supplements: coenzyme Q10, ginger, turmeric, valerian
- Healing Touch
- Homeopathy
- Naturopathy
- Thermography for breast cancer screening
- Transcendental meditation
- Yoga

What do you think? What do you need to know to offer her advice? How can you offer advice that respects her opinions as well as yours? Are these approaches safe for her? Are they effective? Are there additional therapies – conventional or less conventional - you would recommend?

**Learning Objectives**

This module explores how complementary approaches tie in with personalized, proactive, and patient-driven health care. Whole Health is more than these approaches, but they are most certainly encompassed within Whole Health. Complementary approaches are specifically mentioned in the dark blue circle within the **Components of Proactive Health and Well-Being**.

This overview will focus on three main topics:
1. Defining complementary medicine and related approaches
2. Exploring why knowing about complementary approaches is important for clinicians
3. Understanding how these approaches fit into practice.

After you complete this module, you will be able to

- Define CAM, complementary medicine, and other terms related to CAM
- Describe the challenges of doing CAM research
- Explore the relationship between CAM and conventional therapies
- Apply the ECHO mnemonic to learn more about a given approach
- Devise a plan to discuss CAM with your patients, keeping in mind where you see yourself on the “Spectrum of Integrative Care”
- Explain why CAM is important in your practice
- List ways to help incorporate use of complementary approaches into your practice
Some complementary approaches are controversial, while others are gaining greater acceptance within conventional medicine. Many approaches are not well-studied to date, but research is steadily accumulating. *The intent here is NOT to make you feel obligated to use any given therapy or tool in your practice, though you are certainly welcome to do so. Explore them, learn about them, and consider trying them yourself. As is mentioned often throughout this curriculum, you must discern for yourself how to use this information offered here. This is true in terms of your work as well as your self-care.*

**What Makes Something a “Complementary Approach”?**

*The philosophies of one age have become the absurdities of the next, and the foolishness of yesterday has become the wisdom of tomorrow.* -William Osler, MD

In teasing out what leads a healing approach to be considered “mainstream” as opposed to “complementary,” it can help to ask four questions that add a bit more detail.

1. **Is “complementary” the best term to use?**

   For many Americans, alternative therapies represent a new discovery, but in truth, many of these traditions are hundreds or thousands of years old and have been used by millions of people worldwide. One must realize that while treatments may look like alternatives to us, they have long been a part of the medical mainstream in their culture of origin.

   —C. Everett Koop, former U.S. Surgeon General

Historically, different terms have been used to describe unconventional therapies. In addition to the phrase “complementary approach,” which is used in the Circle of Health and the Personal Health Inventory, you will note that the abbreviation “CAM,” short for complementary/alternative medicine, is frequently used in the literature. This term is often used in popular culture as well, and it is part of the name of the National Institute of Health’s Center for Complementary and Alternative Medicine (NCCAM). NCCAM is proposing a name change, which will eliminate the word “alternative,” and NCCAM resources suggest the use of the term “complementary health approaches.”

Below is a list of some of the terms that are most commonly used to describe unconventional healing systems/approaches, with some suggestions regarding their use.

- **Alternative**
  The use of the word “alternative” is particularly controversial, because it implies a separation – perhaps even conflict or competition – between CAM and conventional care. The word “alternative” implies an “either/or” perspective. EITHER you use this approach, OR you use something else. There is an implication that there is no room to meet in the middle. Use of the phrase “alternative medicine” is discouraged.
• **Complementary**
  Use of the term “complementary medicine” seems to bring two seemingly opposite perspectives closer together – at least so that they can operate in parallel (much like two children engaging in parallel play). There is a sense of BOTH/AND in this relationship. However, typically the implication is that a complementary approach is best used as an adjunct to the biomedical approach. Rarely, if ever, does the reverse hold true, that a biomedical approach can be an adjunct, or complement to a therapy that is classed as a complementary approach. One note as far as spelling: Complementary medicine is often misspelled as “complimentary.”

• **Holistic**
  As defined by the American Holistic Medical Association (AHMA),

  > Holistic medicine is the art and science of healing that addresses care of the whole person - body, mind, and spirit. The practice of holistic medicine integrates conventional and complementary therapies to promote optimal health and prevent and treat disease by addressing contributing factors. In practice, this means that each person is seen as a unique individual, rather than an example of a particular disease. Disease is understood to be the result of physical, emotional, spiritual, social and environmental imbalance. Healing, therefore, takes place naturally when these aspects of life are brought into proper balance. The role of the practitioner is as guide, mentor and role model; the patient must do the work - changing lifestyle, beliefs and old habits in order to facilitate healing. All appropriate methods may be used, from medication to meditation.²

Holism transcends any one therapeutic modality, but practice within any given modality can be done holistically. For example, an herbalist can look at someone from a reductionistic (biomedically-based) model without looking at other aspects of how that person is unique, while a trauma surgeon might appreciate fully the multi-dimensional impact the trauma will have for the patient (including family life, work, social networks, etc.)

• **Integrative**
  The Consortium of Academic Health Centers for Integrative Medicine, which is comprised of 57 member institutions as of 2014, defines integrative medicine as,

  > ...the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals and disciplines to achieve optimal health and healing.”³
Some people mistakenly refer to this as “integrated” medicine. In the past year or two, some people have begun to refer to “CIM” (Complementary/Integrative Medicine) as a replacement for “CAM,” but the term has not yet gained wide currency.

Integrative medicine is not about co-opting or assimilating complementary approaches, so much as optimizing the health of an individual through whatever means are most likely to be effective in the context of his or her specific needs. To assume that complementary therapies should be assimilated by conventional medicine would once again imply an inequality in power and relative value; integrative medicine is not intended to do this.

• Integral
  Integral medicine is different from integrative medicine. Integral medicine is based upon the work of American philosopher Ken Wilber. His intent has been to bring all therapeutic approaches – in fact, all areas of human understanding - into an overall perspective. Wilber is perhaps best known for his “Four Quadrant Model.” You can read about his model in greater depth in the clinical tool entitled, Integral Medicine.

• Whole Health
  As was noted in the first module of this course,

  Whole Health is patient-centered care that affirms the importance of the relationship and partnership between patients and their community of providers. The focus is on empowering the self-healing mechanisms within the whole person while co-creating a personalized, proactive, patient-driven experience. This approach is informed by evidence and makes use of all appropriate therapeutic approaches, health care professionals and disciplines to achieve optimal health and well-being.

  Whole Health, as it was coined for use in this curriculum, draws in elements from holistic, integrative, and integral health care but is broad enough to leave room for individual clinicians to elaborate on what the term means to them.
2. **Which approaches are not complementary?**

...[S]ome strategies previously considered alternative, such as omega-3 fatty acids, patient-support groups, and cognitive-behavioral therapy, are now considered a part of mainstream medicine.\(^8\)

There is a fine line between what is considered “complementary” and what is not. New complementary approaches emerge all the time. Western medicine is by no means a static set of tests or treatments; it tends to assimilate therapies that were once classed as complementary, provided that research/evidence is suggestive that they are useful. Here are some other ways in which the borders blur between what is complementary and what is conventional:

- **Complementary remedies often inform the development of conventional therapies.**
  For instance, an estimated 25% of pharmaceuticals are derived from botanical compounds. Noteworthy examples include aspirin from willow bark, digitalis from foxglove, and colchicine from autumn crocus.\(^9\)

- **What constitutes a complementary therapy is arbitrarily defined from study to study.**
  In many studies of complementary medicine (especially earlier ones), therapies include a number of common practices, including taking multivitamins, praying for one’s own health and the health of others, and/or tailoring a diet to individual

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**Mindful Awareness Moment**

**Your Definition of Complementary Approaches**

Pause for a moment, and ask yourself how you define “complementary health approaches.”

- Do you prefer to use this term or a different one when talking about “unconventional” approaches to care?
- And which approaches do you think meet your criteria? Is prayer a complementary approach? Is taking a multivitamin? What about getting a massage from a physical therapist, or having an anesthesiologist offer you acupuncture? How do you draw the line between what is mainstream and what is not?
- What emotions come up for you as your patients use these therapies? As you envision your patients taking supplements? When they enlist mind-body approaches? If they were to receive energy medicine or acupuncture? Do you experience confusion, excitement, frustration, indifference? Any other feelings?
- Which complementary practices, if any, have you tried yourself? Which ones would you like to try? As a clinician, is it necessary to try these approaches yourself before you recommend them to others? How else do you decide how to advise your patients about them?
health needs. In recent literature, these interventions are either separated out for data analysis or not classed as complementary therapies.

- **It is not always clear when or how a given therapy shifts status from being complementary to being mainstream.**
  Probiotics supplementation is a good example. In the late 1990s, probiotics research was scarce, and they were not routinely prescribed by conventional providers. A decade or so later, with a burgeoning number of studies supporting their use, probiotics are gaining in therapeutic popularity, as evidenced by the fact that the National Library of Medicine lists 473 systematic reviews and over 10,400 general articles about them.

  A similar example is chiropractic and how it has been classed differently in the past ten years during CAM surveys conducted by the VA. In a 2002 VA survey on complementary and alternative medicine (also known as the HAIG report), it was classed as complementary, but it was not in 2011, based on recommendations from a group of VHA clinicians assessing perspectives on various modalities. Despite this classification system, the report did find that 22 sites offered chiropractic care.\textsuperscript{10}

- **Classifications are influenced by society, history, and culture.**
  Take acupuncture, for example. Acupuncture was developed within a completely different cultural milieu than Western medicine. In China, it is a fundamental component of Traditional Chinese Medicine, which is viewed by most people as “conventional” care. Will acupuncture’s increasing use by MD’s, DO’s, and other practitioners lead to its becoming mainstream in the West?

3. **Are specific criteria used to define something as complementary versus conventional?**

   *Absence of evidence is not evidence of absence.* —Old aphorism, source unknown

For many conventional clinicians, the key to classifying something as a complementary approach is to determine whether or not its use is supported by research. The more evidence there is to support an intervention, and the better understood its mechanism of action, the less likely it is to be classed as complementary. This makes sense at many levels.

However, some of the treatments that are classified as complementary, such as the ancient Indian healing system of Ayurveda, have been practiced for millennia, long before well-randomized controlled trials (RCT’s) were conducted. Many practices viewed as unconventional by Western clinicians emerged without being informed/influenced by evidence-based medicine; nevertheless, many proponents of such approaches suggest that their popularity and long history of use lend them legitimacy. Yet, we need to recognize that tradition related to any class of therapy can lead to the propagation of approaches that are inefficient or harmful. Lack of evidence need not be synonymous with lack of efficacy. It is important to be able to tell patients what we do and do not know.
The Challenges of Complementary Medicine Research

- Fundamental aspects/concepts of a treatment or desired outcome can be difficult to measure, define, or manipulate.
- Suggested mechanism of action does not always correlate with scientific principles as currently understood.
- Some interventions are comprised of multiple treatments. For example, naturopathic physicians may draw from several different therapeutic approaches (e.g., botanicals, homeopathic remedies, and hydrotherapy) to treat a given individual.
- Creating standardized interventions is a challenge; it is difficult to create clinical trial protocols when, for instance, treatments are highly individualized. Some interventions were never intended to treat specific Western medical diagnoses and may even have diagnostic categories that are unique to them.
- It is difficult to design adequate placebo controls, including blinding. This is clear in research that has brought in sham acupuncture versus actual acupuncture, for example.
- Some treatments, and particularly botanicals, may involve synergistic effects. A botanical may contain hundreds of potentially efficacious compounds, and the balance of these may influence clinical outcomes versus any one particular active agent.
- Many approaches (such as energy medicine, manipulative therapies, Chinese medicine, and homeopathy) may rely quite heavily on the skill of each individual therapist. Study results might vary from practitioner to practitioner.

In the world of academic integrative medicine, learners are encouraged to be as familiar as possible with how much research exists (or does not exist) to support a given treatment, so that this can always be considered when advising patients. While it is helpful to be able to share with a patient the current state of the research, it is ultimately up to the patient how this information will inform his or her health care decision-making. Furthermore, it is vital to remember that today’s unexplained interventions are those that may well be understood more clearly in the future. For example, mindfulness practices have been used for millennia, but only recently have we been able to measure (using functional MRI) their effects. It is important to be open to the possibility that there are phenomena that occur in nature that we are currently incapable of measuring.

In 2011, the VA’s Healthcare Analysis and Information Group (HAIG) surveyed 141 VA facilities regarding their use of CAM.10 (The term CAM will be used here in some instances, because it was the term used in the report.) For the facilities that offered CAM in some form, investigators asked if representatives for those facilities felt they had good evidence to support the CAM therapies’ they offered. Sixty-eight percent of facilities reported having enough scientific evidence to support the therapies being offered. Only 8% reported offering therapies with no evidence to support their use. This is illustrated in the chart below. Note that for some therapies, such as chelation and homeopathy, there were very few respondents.
Beyond using evidence-based medicine to determine if something should be classed as complementary medicine or not, it has been suggested in various surveys that overall philosophical perspectives may also be a differentiating factor. In other words, conventional medicine approaches are said to be built on certain underlying assumptions that may be quite different from those that are fundamental to complementary approaches. Some of these differences are noted by Barrett, et al.\textsuperscript{11} See Table 1.

<table>
<thead>
<tr>
<th>Conventional Medicine</th>
<th>Complementary/Alternative Medicine</th>
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<tr>
<td>More reductionistic</td>
<td>More holistic</td>
</tr>
<tr>
<td>More controlling</td>
<td>More empowering</td>
</tr>
<tr>
<td>More deductive</td>
<td>More inductive</td>
</tr>
<tr>
<td>More generalizable</td>
<td>More individualistic</td>
</tr>
<tr>
<td>More scientific</td>
<td>More intuitive</td>
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These distinctions come from interviews and are therefore opinion-based as well as relative. Reprinted with permission from Wisconsin Medical Society. Copyright 2011.

One must use caution in making generalizations about either conventional medicine or complementary medicine. Many conventional practitioners value intuition, holism, and the individual needs of the patient, for example (including many of the people taking this course!). Similarly, many complementary practitioners are science-minded and value evidence-based medicine highly. Practitioners are unique individuals, just as patients are.

It is worth noting that many of the characteristics in the right column of the table mesh well with the core concepts of Whole Health and personalized, proactive, and patient-driven care.
4. **What sub-categories are used when classifying complementary approaches?**

There are many ways of classifying different complementary approaches. These classification systems are often referred to as "CAM taxonomies." Modules in the Whole Health curriculum draw upon the same CAM taxonomy as was used in the VA's 2011 HAIG survey. This classification scheme is based on one created in the 1990's by the NCCAM. It sorts complementary therapies into five different classes:

1. Mind-body medicine
2. Biologically-based approaches
3. Manipulative and body-based therapies
4. Energy medicine (also known as biofield therapies)
5. Whole systems of medicine.

Just as it can be helpful to consider each of the green circles (the eight areas of self-care) in turn while creating a health plan, it is also helpful to consider each CAM class, one at a time. You can ask yourself whether any therapies within each of the five classes might be of potential benefit for a given patient. The most popular therapies offered by the VA within each category are outlined later in this document.

Note that some complementary approaches can be placed in two or more categories.

- For instance, chiropractic might be viewed as an entire system of healing, it may be classed as a form of manipulation, or, as in the 2011 HAIG survey, it was not classed at all, because it no longer was considered to be a CAM therapy, but rather a mainstream approach.
- Similarly, acupuncture could be classed as an energy-based therapy, since many acupuncturists hold that needles are used to manipulate the flow of chi/life energy through a series of channels, or meridians in the body. Acupuncture is a key component of Traditional Chinese Medicine which is classed as a whole medical system. NCCAM currently classes it as a mind-body therapy.

Feel free, as is helpful to you, to create your own classification system. What is important is that you have a useful guiding framework as you consider which therapies you want to suggest (or not suggest) for your patients' personal health plans.

**Why is Knowing About Complementary Approaches Important for Clinicians?**

So far, we have explored what makes something a complementary approach. We must also be clear on why they matter. How do complementary approaches tie in to the provision of personalized, proactive, and patient-driven care?

As we shall see, there are several answers to this question:

1. Patients want to use them.
2. Complementary therapies are widely available.
3. Patients are likely to ask clinicians for advice about them.
4. These approaches are found to be helpful by many people and can potentially make important contributions to Whole Health.
5. Complementary therapies are considered by many to be helpful with diseases that are difficult to treat from a conventional medical standpoint.
6. Over time, if evidence is brought forward, these approaches become mainstream, and they move from being “complementary” to being “conventional.”
7. There is political impetus to support these approaches. The U.S. health care system is overburdened. Our country spends huge amounts of money on care, but this is not reflected in our mortality rate data.12

From a political standpoint, incorporation of complementary approaches is viewed as an important priority. In March of 2000, the President and Congress created the White House Commission on CAM Policy (via Executive Order 13147).10 In 2002 a report was released with 29 recommendations (19 of these were applicable to the VA) centered on:

- Increasing knowledge of CAM
- Educating and training CAM providers
- Providing good information about CAM practices
- Guiding access to and delivery of CAM
- Ensuring that potential benefits of CAM are maximized by public policy.

Another important consideration is this: if patients don’t obtain their information about these approaches from their physicians, where will they get it? At least two-thirds of Americans who use the Internet reported using it to find health information.14 It is not clear that this information is uniformly reliable, adequate, or of good quality.

Other sources of information may also be questionable. In 2000, a group of female researchers posed as being eight weeks pregnant with nausea. They asked health food store clerks for advice and found the following:15

- 89% of the time, clerks were willing to offer advice
- 96% of the time, when ginger was recommended as an antiemetic (there is good research supporting this), suggested doses were not supported by current research on dose or type of product
- Of greatest concern, 15% of products suggested were contraindicated in pregnancy.

It is important that you be able to offer patients like Annie good advice. To gain a better perspective about complementary therapies, including who uses them most, why they use them, how much they spend on them, and which specific therapies they use, take the Savvy about Complementary Medicine: The “CAM Quiz.” This quiz also focuses on what is known about the use of complementary approaches specifically within the VA. It also provides a number of additional references for those wanting more detailed information.

**Complementary Approaches in Your Practice**

This course is intended for everyone, regardless of their beliefs about how much any given complementary therapies should be used in practice. As was noted earlier, it is important...
Mindful Awareness Moment
Where Are You On The Spectrum of Integrative Care?

Take a moment to consider the following questions:

- How often do patients, colleagues, or family members bring up the topic of complementary therapies with you?
- How do you feel when they do? Angry? Uncertain? Frustrated? Excited? Interested? Does this vary depending on which therapy is being discussed?
- Where would you place yourself on the “Spectrum of Integrative Care” (see below), and why? It might be instructive to compare your responses with those of your colleagues.

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**Figure 2. Spectrum of Integrative Care.**
Learning more about complementary approaches
There are a number of different ways to learn more about complementary therapies. You can read about them. You can learn from practitioners or knowledgeable patients. You can experience approaches firsthand. While this curriculum can help you gain a greater intellectual understanding of various approaches, you are encouraged to actually try them out; this is the preferred learning/training method for Integrative Medicine fellows and other practitioners.

In the 2011 HAIG survey of 141 VA facilities, the 125 sites that offered these complementary therapies reported using a total of 28 different ones.¹⁰ (Most facilities had a few different therapies. No site offered all 28.) For more details, about these therapies, see the clinical tool entitled, Complementary Approaches in the VA—A Glossary of Therapies and Whole Health Resources for Learning More. This tool lists the 28 therapies (as well as a few other popular ones to be aware of), describes what they are, and links to places within the Whole Health curriculum where you can learn more. The table in the clinical tool also provides some key studies and web resources for learning more details about a given complementary approach.

Tips for working with complementary approaches in your practice
So far, we have explored what complementary approaches are and why it is important to know about them. You have seen resources that will allow you to become more familiar with an array of different complementary approaches. Now, to complete this module, it is time to discuss how these approaches can fit into practice. The Spectrum of Integrative Care exercise you completed at the beginning of this section helped you gain a sense of different ways you could consider addressing these approaches in your practice.

Here are some specific steps you could choose to follow in order to have a more “CAM-Savvy” practice. They range from basic to more elaborate, and (as usual) it will be up to you to decide which steps are relevant to you and helpful.

- **Learn about different complementary approaches**
  Hopefully the section above has offered you one means for doing so. Remember that some of the best sources of information about this topic can be your patients. Why did they choose a particular therapy? What has their experience been? This is not to say that you must agree with their using these therapies; however, being able to offer advice so your patients do not seek it from less reliable sources is important, regardless of your specific opinions. Useful websites include the National Center for Complementary and Alternative Medicine (www.nccam.org) and Natural Standard (accessible via the VA library system).

- **Become aware of what complementary approaches are offered within your local health care facility/facilities**
  You have had an opportunity to see which services are offered in the VA. Explore which specific ones are offered in your hospital and/or clinic. An important element of the Whole Health: Change the Conversation in-person program is to help
participants compile information about what complementary therapies are available to patients and staff at their site.

- **Build a referral network**
  As you learn more about complementary approaches and come to meet various practitioners, you can consider building a network of potential providers to whom you would refer (as you deem appropriate). These may be in your facility, but they may also be outside of the VA system. First it is important to be certain about whether or not your facility allows for referrals to non-VA personnel. Of course, any communication with out-of-system providers must be done without any possibility for real or even perceivable gain on the VA clinician’s part.

  In the clinical tool entitled, *Complementary Approaches in the VA—A Glossary of Therapies and Whole Health Resources for Learning More*, the third column on the right is left blank so that you can use the form to develop and organize your own complementary medicine referral resource list. Of course, your personal preferences and your VA facility’s specific rules governing referrals will guide you.

- **Receive treatments from complementary providers yourself.**
  In university settings where fellows are trained in Integrative Medicine, they are expected, as part of their learning, to have firsthand experience with various therapies. Do you want to recommend massage to your patients? Try receiving a few different kinds so that you can offer a more informed opinion. Do you want to be able to describe how it feels to have acupuncture? See an acupuncturist and have a firsthand experience.

- **Learn some complementary approaches that you can offer your patients**
  Many Integrative Medicine practitioners do this. This need not mean you have to do years of training in acupuncture or herbalism (though, of course, it could). Many clinicians find it helpful to add simple approaches to their toolboxes. Some clinicians even acquire additional certification.

  - For instance, you could choose a particular breathing exercise to teach your patients.
  - You could provide a pamphlet or discuss in more depth whether or not multivitamins are needed and how to select one if appropriate.
  - Clinicians with “a license to touch” can, with some training, pick up on gentle muscle energy techniques (your osteopath colleagues could show you some).
  - It can be useful to take a patient (or your colleagues, for that matter) through a mindful awareness exercise, recognizing that it is important to have some experience in this area before going too far with this. This is particularly true when working with someone who has PTSD, who may be more susceptible to a paradoxical systemic nervous system response.
Acknowledging your limits, of course; do not try to just “pick things up” that require extensive training. Mentors can be a real bonus in supporting you if you choose to integrate a complementary therapy into your practice. Look for more formal educational training to advance your knowledge about modalities that most spark your interest.

**Deciding if an approach is worth using: The E.C.H.O. Mnemonic**

An important question that frequently arises for many clinicians as they explore the role of unconventional therapies in conventional practice is, “How do I decide if a therapy is worth using?” One helpful tool you might use is the ECHO mnemonic. The four letters in the word ECHO stand for:

- **Efficacy and evidence**
  What does the research tell us about how well the intervention works?

- **Cost**
  Is the therapy cost effective? How much would a patient have to pay out of pocket for this therapy? Would services be covered at all by insurance or other social programs?

- **Harm**
  What does the research tell us about the potential for harm? How well can a given therapy mesh with other therapies a patient is currently receiving? Potential dietary supplement-drug interactions are of particular importance.

- **Opinions**
  Does the therapy match the personal opinions, beliefs, and culture of the person who will be using it? Where are they getting the information that is informing their opinions?

All four components of ECHO are important. They are simply arranged in the order that they are to spell a memorable word and not necessarily by order of importance.

In daily practice, the majority of practitioners focus on efficacy, costs, and potential harms, but often opinions (the clinician’s and the patient’s) are not given full consideration. However, a therapy’s success often correlates with how strongly the patient believes in its effect. Matching a treatment to patients’ belief systems increases their engagement in their care. If it is not clear from the research that any one therapy is superior, outcomes will be better if clinicians have a larger selection of treatments from which to draw; more options can mean more flexibility and a better chance of making care personalized. Similarly, it can be useful to hold therapeutic modalities to a higher standard with regard to safety if it is relatively more invasive or has a higher risk of complications. In addition, it is important to ask whether trying a given complementary approach could inappropriately delay the receipt of a proven conventional treatment that is available.

In truth, how much you draw complementary therapies into your practice is subject to a certain amount of negotiation with your patients. Patient surveys indicate that CAM providers are especially capable of empowering patients, and patients report having an
enhanced sense of control over their health after CAM sessions. It is worth it to explore why this is so, and how a conventional practice can shift to optimize this benefit as well.

What Does This All Mean for Annie?

To draw all this together, let us return to Annie. As noted above, Annie is actively using a number of therapies that could be classified as complementary approaches. It is clear to you that she is open to hearing your advice, and you want to give her good information. Remember: it is okay to disagree with someone’s perspectives, but it is not appropriate to express your opinion in a way that undermines their proactive self-care or compromises the therapeutic relationship. It is possible to “agree to disagree” and still have a successful connection that can support Whole Health.

Two different ends of the spectrum

How you choose to discuss Annie’s many different complementary therapies will be up to you, but regardless of your approach, remember that personalizing care and allowing it to be patient-driven is predicated on being attuned to Annie’s perspectives and respectful of them, whether you agree with them or not. Whatever the circumstances, you can always say something like, “Respected clinicians have different viewpoints on the helpfulness of this complementary approach. My understanding of the research is...” or “Tell me more about your reasons for using it/wanting to use it.” If you can be nonjudgmental and non-confrontational while remaining honest about your perspectives, you are much more likely to be able to maintain a long-term therapeutic relationship with Annie.

Scenario One: You are a clinician who rated yourself toward the left of the Spectrum of Integrative Care. You are somewhat knowledgeable about these therapies but not often a strong advocate for using them. You would not spontaneously recommend most of what Annie is doing. Here are some options you could consider:

- When you are seeing someone who is using a complementary approach, it can help to begin by asking about the following:
  - Reasons for choosing the approach (including whether it is intended to treat a specific condition or diagnosis)
  - Frequency of use (and doses, in the case of dietary supplements)
  - Who is advising the patient in the use of the approach or offering the therapy/treatment
  - The benefits the patient has noticed
  - Any problems or adverse effects the patient has encountered
  - Who is gaining financially from the use of a given therapy; for instance, does a practitioner gain financially by recommending supplements that he or she sells?

- If needed, you can read summaries about each of these approaches in the clinical tool entitled, Complementary Approaches in the VA—A Glossary of Therapies and Whole Health Resources for Learning More. It is reasonable to tell patients that you
will look into a given therapy in more depth and get back to them in follow-up, if your time is limited.

- **Supplements.** During the visit or at some other point, if you feel it is appropriate, you can look up the supplements Annie is taking on Natural Standard\textsuperscript{23} or a similar website and review a research summary for each. Most of these also discuss doses and adverse effects. Again, if your time is limited, you can do this after the visit and get back to Annie. For instance, it may be that you have heard something about coenzyme Q10 for statin-induced muscle problems, but know little about its role in hypertension. You can find out the latest on turmeric for inflammation and ginger for other forms of nausea. (See Scenario 2 below for a summary of some of this research.)

**Note:** Please see the module on **Dietary Supplements** for more information about how to determine whether or not a specific supplement is appropriate for a given individual. Supplements are not regulated with the same degree of oversight as medications, and it is important that clinicians keep this in mind. Products vary greatly in terms of accuracy of labeling, presence of adulterants, and the legitimacy of claims made by the manufacturer.

- **Ayurveda.** Even if you are not familiar with Ayurveda, you have gathered enough about Annie's diet to know it is quite healthy and balanced. You can read more on Ayurveda in the **Ayurveda** clinical tool, if desired.

- **Transcendental Meditation.** You may already know from the **Power of the Mind** module that Transcendental Meditation has shown promise and is very safe. Similarly, if you have reviewed the **Working Your Body** module you know that yoga is safe and beneficial for a number of health issues. Perhaps you can discuss with Annie the experiences that some of your other patients have had with yoga.

- **Bioidentical hormones.** If needed, you can review the clinical tool, **Menopause** to learn more about bioidentical hormones. One option would be to tell Annie it is not clear to you the extent to which the progesterone cream she is using topically is actually making a difference, though adverse effects are unlikely. If it has not helped up to this point, you could suggest she focus her efforts elsewhere.

- **Naturopathy.** It turns out that most of what her naturopathic physician has done is prescribe her dietary supplements and her homeopathic remedies. Knowing how dilute homeopathic solutions are (there may not even be a molecule of the original substance in the remedy itself), safety is unlikely to be a concern. See the **Homeopathy** clinical tool for more information.

- **Healing Touch.** You may feel comfortable with telling her that Healing Touch should be quite safe, but research is limited as far as its use for treating osteoarthritis pain. Given that she has documented hundreds of hours during her four years of training in this modality, it is likely that she can use it appropriately.
• **Chiropractic.** Since she finds chiropractic helpful and has a long and positive therapeutic relationship with a chiropractor whom she has seen for years, you can decide whether or not it is helpful about discussing research findings or your experience with this therapeutic approach.

• **Acupuncture.** You have seen research showing that acupuncture can be beneficial for chronic pain in general, and it shows promise for osteoarthritis of the knee. You also hear from other patients that it is helpful to them.

• **Thermography.** One therapy you do not know much about is breast thermography. You do some additional research into thermography, which is more formally known as digital infrared thermographic imaging (DITI). Initial interest in thermography, which was introduced in the 1950s, waned in the 1970s, but now proponents argue that technology improvements have made it more useful. Proponents argue that thermography picks up early blood vessel formation by cancer tissue (which is warmer than normal breast tissue) and can therefore alert a woman to the need for closer follow up.

## Using the ECHO Mnemonic: The Example of Breast Thermography

<table>
<thead>
<tr>
<th>ECHO</th>
<th>What You Learn</th>
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</thead>
<tbody>
<tr>
<td><strong>Efficacy</strong></td>
<td>On the National Library of Medicine website, you find several recent systematic reviews that conclude that thermography cannot currently be considered a valid screening approach, though many argue that it has potential. A 2012 review found great variability in sensitivity (0.26-0.98) and specificity (0.08-0.81). This is quite a span, and makes it difficult to draw positive conclusions that it is an effective screening tool.</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>You learn that Annie is paying $200 out of pocket each year for her breast imaging.</td>
</tr>
<tr>
<td><strong>Harms</strong></td>
<td>The procedure itself is quite safe, with no radiation exposure. However, there is concern that Annie is using this instead of mammography, which is viewed by conventional medicine as the superior screening tool.</td>
</tr>
<tr>
<td><strong>Opinions</strong></td>
<td>Annie tells you she learned about thermography on Oprah. She understands, as a nurse, the controversies surrounding its use. She has done some reading herself on the Internet. A brief web search indicates it is highly controversial. Proponents (many of whom earn income by selling the test) view it as very helpful, but skeptics are highly critical.</td>
</tr>
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WHOLE HEALTH: CHANGE THE CONVERSATION
Educational Overview: Introduction to Complementary Approaches

As so often occurs with reviews of the research, it comes down, to some extent, to interpretation. You could consider telling Annie that thermography is controversial, and that while some sources advocate it as a way to identify a potential cancer early, most breast cancer screening experts would opt for routine mammography, if she is willing. She tells you she will think about it, and you agree to keep discussing this at a follow-up session in two months.

Annie thanks you for talking with her, and she tells you she really appreciates that you did not “read her the riot act” about what she is doing. “You know,” she says, “I respect that you are making sure I have good information to make my choices, even if you do not always agree with what I am doing. Maybe we can keep talking about these things down the road?”

You tell her that would be great. You also encourage her to set up a physical examination visit, since it has been 10 years. She rolls her eyes, but she ultimately agrees.

Scenario Two: You are farther toward the right end of the Spectrum of Integrative Care. You are more inclined to actively recommend complementary approaches, while also fully willing to discuss and advocate for conventional therapies, as you feel is appropriate. Here is how the visit might look:

- **Diet and Ayurveda.** You congratulate Annie on her healthy diet. You talk with her about being a kapha dosha. Ayurveda classifies people according to three different constitutional types – kapha, pitta, and vata - and you can tell by her solid build and grounded bearing that the kapha description fits her. You tell her to keep up the good work with trying to eat foods that reduce kapha and support the other two doshas. See the clinical tool, Ayurveda, for more information.

- **Supplements.** You review all her supplements, just as you would have in the scenario above. You have also read the module, Dietary Supplements: An Overview, which helps here.
  - You have had good success with turmeric for inflammation, though you know the evidence primarily favors its use for knee osteoarthritis.\(^32\) You typically ask people to take 350-500 mg in a capsule or in their food every 4 to 6 hours as needed, recognizing that it is, in essence, a food, and it tends to be quite safe. To read more about this or any other supplements, you can refer to the Natural Medicines Comprehensive Database.\(^33\)
  - You have recommended valerian before for sleep,\(^34\) but you remind Annie that it needs to be taken consistently. People assume it will work immediately, like a sedative, but many experts say it must be taken for two weeks to reach full effect. Your assessment of the data and experience with your own patients makes you feel confident that valerian is unlikely to make her feel hung over in the mornings. Of course, if she notices anything unusual, she is encouraged to call. Since she refuses medications, you tell her...
it would be fine in the future to discuss other supplements for sleep, like melatonin or L-theanine, in greater detail.

- You support her use of **coenzyme Q10** and use it yourself to boost energy. You have some patients who use it for blood pressure (one review indicated it lowers pressures by an average of 11 mm Hg systolic and 7 diastolic. (95% confidence intervals are 8-14 and 5-8, respectively.) Some people also use it for preventing myopathy on statins. Looking at the dose, you see that Annie is only taking 30 mg daily, and you encourage her to increase to 100 mg daily if possible, as that is the dose that has shown benefit in the research.35

- You tell her **ginger** seems fine for her to take.36 You tell her a good rule of thumb is to grate up the amount of ginger root that is roughly equal to the size of the tip of her little finger and put it into a tea. Data is stronger for nausea in pregnancy than for nausea in general. You agree to discuss this with her more in the future.

- **Acupuncture.** You ask Annie who her acupuncturist is, and it turns out that you have seen that acupuncturist as well. You encourage her to continue if it has been helping, noting that it really should start helping her hip after a few sessions, if it is going to do so.

- **Transcendental Meditation.** You encourage her to continue the Transcendental Meditation, informing that you have a meditation practice yourself. “Isn't it tricky to find the time to meditate regularly?” you ask her. You know you can refer to the **Power of the Mind** module, if needed, to review the information there.

- **Healing Touch.** You discuss her Healing Touch practice. She tells you that what comes up as she tunes in to her body’s energy field is that her root chakra is weak. (The root chakra is one of several energy centers said to be at the base of the spine. See the **Energy Medicine** clinical tool for more information.) You know that while the mechanism of action of this therapy remains controversial, it is safe, and some studies do find overall benefits, especially in terms of stress and emotional health.37

- **Bioidentical hormones.** You recently reviewed the clinical tool, **Menopause** to refresh your memory about bioidentical hormones. You know they are controversial, and you have prescribed them on rare occasions for patients you knew could follow-up closely. You tell Annie it is not clear to you the extent to which the progesterone cream she is using topically is actually making a difference, though it should be safe overall. You agree to follow up more with the sleep issues at a future visit. For more information, see the clinical tool, **Hormone Replacement Therapy**.

- **Chiropractic.** You know her chiropractor and encourage her to continue if it has been helpful. You know a different chiropractor within the VA system and offer to refer Annie to him if this would be helpful to her from a financial standpoint.
• **Thermography.** You also give the same suggestions about thermography that were given in scenario one: “Thermography is controversial, and while some sources advocate it as a way to identify a potential cancer early, my recommendation would be to do mammography, if you are willing.”

As you finish the visit with Annie, she smiles, thanks you, and gives you a warm handshake. “I really appreciate your help,” she says. “I didn’t expect to have someone ‘in the system’ be so willing to talk to me about this. No one else ever has.”

You may find that the next time you see her, she is more willing to explore conventional options with you, as well as complementary medicine options, because the two of you have built a trusting, mutually respectful relationship.

Of course, these two scenarios would apply if you had a reasonable amount of time during the visit to discuss complementary approaches. However, even discussing one or two items can prove quite useful, and it does indeed contribute to personalized, proactive, and patient-driven care.

**In Summary**

There are many people, like Annie, who are interested in using unconventional approaches. As you work with them, keep the following in mind:

• Patients are voting with their feet. They are using many therapies, whether their care is paid for by a third party or not.
• There is a high level of use of these approaches among Veterans, and many complementary approaches are offered by VA facilities. Mind-body approaches are most commonly offered.
• It can be useful to think of complementary approaches according to the five categories outlined by the NCCAM: mind-body medicine, biologically-based approaches, manipulative and body-based therapies, energy medicine (also known as biofield therapies), and whole systems of medicine.
• It can be helpful to take a moment to reflect on where you would be located on the Spectrum of Integrative Care for different therapies. Regardless of your willingness to recommend complementary approaches, it is important to be able to discuss various therapies with your patients.
• Take time to learn what therapies are available at your facility. Learn about which ones are not offered, as well. Make certain you know the policy for your site regarding recommending complementary practitioners outside of the VA.
• The ECHO mnemonic (Efficacy, Costs, Harms, Opinions) can be helpful when you are helping someone to determine whether or not to use a specific approach.
Introduction to Complementary Approaches Clinical Tools

- Tips for Working with Complementary Approaches in Your Practice
- Complementary Approaches in the VA—A Glossary of Therapies and Whole Health Resources for Learning More
- Savvy about Complementary Medicine: The “CAM Quiz”
- Acupuncture and Traditional Chinese Medicine
- Animal-Assisted Therapies
- Ayurveda
- Energy Medicine (Biofield Therapies)
- Homeopathy
- Integral Medicine
- Massage Therapy
- Naturopathy
- Osteopathic Medicine

Whole Health: Change the Conversation Website

Interested in learning more about Whole Health? Browse our website for information on personal and professional care.

http://projects.hsl.wisc.edu/SERVICE/index.php

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References


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