

The Integration of Complementary Therapies into a Conventional Primary Care Practice

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This morning I will be talking about the integration of what is referred to as complementary, or alternative, medicine with conventional medicine. I think that this is the emerging paradigm of healthcare as we are going to be seeing it in the next century. There is no longer a separation between conventional medicine and what is now referred to as alternative, but rather an integration in cases where we can see that by using a combined approach we can bring greater benefit to the patient.

An important study published in the *New England Journal of Medicine* in 1993, by Eisenberg and associates, looked at the prevalence and the use of complementary therapies, such as acupuncture, chiropractic, and other forms of non-conventional therapy. One in three respondents reported using at least one unconventional therapy in the previous year; and a third of these had seen providers for the alternative treatment, with an average of 19 visits to such providers. A majority was using unconventional therapy for chronic problems rather than for critical situations where, of course, conventional treatment would be required. Extrapolation of the results of this study to the United States population would amount to an estimated 425 million visits to providers of unconventional therapy, which is a number that would exceed the total number of visits to all U.S. primary care physicians. The expenditures related to this use of non-conventional therapy amounted to \$15.7 billion, three quarters of which was being paid for out of pocket. In other words, people were truly interested in accessing this alternative treatment even though it is not necessarily reimbursable. The conclusions of this study

are that the frequency of unconventional treatment in the United States is far higher than previously reported and that medical doctors should ask about their patients' use of unconventional therapy whenever they obtain a medical history.

I was looking at an article in *Family Practice News* about three weeks ago where they were saying that physicians in primary, family practice who were incorporating at least a few forms of alternative treatment were at a clear advantage with regard to what patients were looking for. You can see this kind of trend growing, as the public becomes more and more aware of the fact that there are alternatives to conventional medicines, which sometimes can create side effects or adverse reactions. Earlier this year a front-page story appeared on the FDA's plans to remove Seldane[®] from the market. That is just one example of the kind of thing that more and more of the population is becoming aware of. In the publication *Archives of Internal Medicine* in 1995 they looked at drug-related morbidity and mortality, which was estimated in one year to cost over \$76 billion in the ambulatory setting in the United States. They felt, of course, that this represented a serious medical problem that urgently required expert evaluation and assessment.

An important landmark in the development of consciousness concerning complementary treatment occurred in 1992 when, for the first time, the federal government, through the National Institutes of Health, organized an Office of Alternative Medicine which specifically is to use public funds to facilitate the evaluation of alternative medical treatment modalities, to investigate and evaluate the critical efficacy of alternative treatments, to establish an information clearing house, and to support research. Also, the American Medical Association

for the first time a few years ago passed a resolution in which their House of Delegates adopted a position encouraging AMA members as individuals and as groups to become better informed regarding alternative, complementary medicine and to participate in appropriate studies about it. They went on to say further that the AMA considered it important to initiate at the state level similar kinds of research and discussions as were being done on a national level in Washington, DC.

We also see a trend in conventional medical education recognizing the importance of educating the medical students in alternative treatment. There are now probably more than 50 schools, including Mt. Sinai in New York City, Columbia University, Harvard, Johns Hopkins, Tufts, and Yale - some of our finest schools are now adding courses of alternative and complementary medicine to the curriculum of the medical schools.

Now what are some of the major modalities that are being researched at the National Institutes of Health's Office of Alternative Medicine? They have broken them down basically into seven categories: Mind/body interventions, which include such things as biofeedback, relaxation therapies, meditation, hypnosis, and imagery. Bioelectromagnetic therapies, which would, for example, include the use of electrical currents or magnetic fields to provide the healing of non-uniting bone fractures, or transcutaneous electrical nerve stimulation for pain management. The NIH is also looking at alternative systems of medical practice from various cultures, such as the Ayurvedic system from India, classical Chinese botanical medicine, acupuncture, and the European system of homeopathy. The Office of Alternative Medicine is also looking at manual healing methods, including

osteopathic, chiropractic, and a variety of hands-on healing techniques. They are also looking at botanical or herbal medicines and at the role of diet and nutrition in clinical practice. The seventh category involves a kind of miscellaneous research of various pharmacological and biological treatments including shark cartilage supplements for arthritis, chelation therapy for the treatment of cancer, and intravenous nosode therapy for atherosclerosis and coronary artery disease. These are the kinds of things that are being looked at, with public money, at the NIH through the Office of Alternative Medicine.

What I would like to do for this presentation is especially draw upon my own experience in an integrated medical practice in Manhattan where for seventeen years I have been working primarily with homeopathic medicine, clinical nutrition, and stress management. One of the most important concepts in this alternative complementary paradigm is the recognition that the body has its own capacity for self-healing. We see this, of course, in wound healing, but much more globally we can recognize that this system has inherent capacity for restoring health and balance. That is, if we can help balance the system, looking at it as a whole, we can facilitate the natural tendency for the self-restorative capability inherent within the body. From this point of the view it is clear that symptoms — and I am always educating my patients to recognize that the word *symptom* is a Greek word that means signal — that basically, symptoms are nature's way of expressing imbalance. If we ignore those symptoms, we face the risk of more serious conditions that will develop later. I am always trying to educate that symptoms are nature's way through your own body of explaining that something has got to change, that new directions need to be taken, and that if we respond to nature's warnings, we often can reduce the risk of more serious problems later on. Of course we publicize this viewpoint in our reception area to make it clear to our patients that we are not looking at alternative medicine as a panacea. The physician in the initial intake, of course, needs to explain that homeopa-

thy isn't for everything. We are always trying to help the patients understand that we're looking at an integrated paradigm where we can combine alternative treatments with conventional treatments to help to bring them a greater benefit.

Homeopathic medicine is a European system, which began about 200 years ago through the work of a German physician, Samuel Hahnemann. At the very start, the controversy about homeopathic medicine is that we are dealing with very, very small doses of highly diluted, natural substances that beginning 200 years ago were noted in clinical practice to catalyze a biological response, that is, to bring about a curative or beneficial result in a sick individual. But right from the beginning the controversy was: How could anything so dilute still be causing any kind of biological effect? Well, that controversy has remained even to today. For example, look at this particular study published in the prestigious, peer-reviewed journal, *Lancet*, where Dr. Reilly and associates were asking the question: Is homeopathy a placebo response? In a randomized, double-blind, placebo-controlled trial, the study model compared the effects of a homeopathic, highly diluted preparation of mixed pollen grasses with a placebo control in 144 patients with active hay fever. We can see the symptomatic improvement in the patients that received the homeopathic preparations. That is, symptomatic improvement in their hay fever symptoms versus the controls that did not. This again was a peer-reviewed journal, a double-blind, controlled study. In addition, the *British Medical Journal* in 1991 undertook a meta-analysis which looked at 107 controlled trials of homeopathy in 96 published reports. Their aim was to look for the efficacy of homeopathy in humans. They drew upon all of these published reports and their conclusion was that the evidence presented would probably be sufficient for establishing homeopathy as a regular treatment for certain indications. Of course, we need better research and we are hoping that now that NIH's Office of Alternative Medicine is involved in researching the clinical efficacy of alternative medicine, that we will be seeing

better research confirming the clinical effects of homeopathic treatment.

One of the most important medicines that I use in my practice, that perhaps some of you have had experience with already, is the homeopathic combination preparation called Traumeel®. What I would like to do particularly through this presentation is give you some ideas on certain practical tools that you can bring back to your practice and make available to your patients. I would also like to be able to go through a few of the homeopathic preparations that I use extensively that are very easy to incorporate immediately for the benefit of your patients. Traumeel® is a natural, anti-inflammatory agent that can be used any time there is an injury of any kind. Post-operatively, for swollen soft tissues, and any kind of inflammatory process, you can consider the use of this homeopathic combination medicine. You will be able to see the results without putting patients at any risk of side effects. There have been no reported side effects with the use of Traumeel®, which has been used extensively. For example, in Germany they looked at 3,000 physicians who were using Traumeel® in over three and a half million cases. It was a cross section of physicians from many different specialties — of whom 57.2% were in general practice, and then there were internists, orthopedists, pediatricians, and other types of physicians. They found that in over 99.99% of the cases, patients were receiving benefit without any problems of side effects. In a few cases the side effects might have been classified as allergic reactions to some kind of component within the formulation. But you can see after 3,600,000 cases it was a very good result.

Any time that there is acute or chronic inflammation in the upper respiratory area, such as sinusitis, viral, bacterial, or allergic rhinitis, use Euphorbium compositum. It comes in both an oral drop and a nasal spray. One of the clinical benefits of this particular medicine is that people can use it in cases of chronic problems without having habituation effects or rebound effects on discontinuation of the medicine. In one particular study they looked at nasal airflow resis-

tance. They were measuring nasal air-flow resistance after the application of Euphorbium Nasal Spray, two puffs in each nostril, and you can see again the improvement in the flow through the nostrils.

Two other medicines that I use generally in combination are Gripp-Heel® and Engystol®. Gripp-Heel® is a wonderful combination homeopathic medicine to use in cases of the flu, or for any kind of upper respiratory infection, or any kind of infection. It is safe and effective and you don't have to worry about side effects. Gripp-Heel® can be used not only for viral illnesses but any time you want to mobilize the immunological response. In one study they looked at the immune stimulating effects of Engystol®, Gripp-Heel® and then a combination of both medicines together at various dilution factors; what they were looking at was the increase in phagocyte activities of human granulocytes *in vitro*. A related study looked at an *in vivo* study in mice. This particular slide refers to an *in vitro* study of human granulocytes. What we are seeing is an increased reactivity of the phagocytes.

Another very important homeopathic combination that I use extensively in my practice is Lymphomyosot®. Lymphomyosot® is a homeopathic preparation that will increase the capacity of the lymphatic system to drain. Anytime there is a congestive disturbance, tonsillitis, or enlarged tonsils, in children or adults, — and we see many, many children with swollen lymph nodes, recurrent ear infections, congestive disorders in the upper respiratory area, and bronchitis — we use Lymphomyosot® in addition to other homeopathics. One of the most effective uses of this particular medicine is what is referred to as non-specific infections where there is a general susceptibility to infection. In my practice, which is a general family practice, we see the full range of primary care problems, but the number one problem that brings new patients to our office is recurrent ear infections in children. It is not uncommon for us to see kids who have been on 10 - 15 -20 courses of antibiotics. Of course, the parents' concern is that the

child seems to be so susceptible to any kind of upper respiratory problem. They get a cold, and then the upper respiratory congestion will result in an ear infection. They'll go on an antibiotic. Sometimes they need a second course of antibiotics. Other times they have to be on prophylactic antibiotics. This is the number one kind of story that we'll hear in our practice. I can tell you that Lymphomyosot® just does a beautiful job. I'll treat the children acutely with the appropriate medicines and dietary counseling and, of course, use Lymphomyosot® to bring about a response in the active phase. Then I will tell the parents to continue the use of Lymphomyosot® after the acute illness has resolved. Many times I'll keep the kids on Lymphomyosot® possibly a month or two, sometimes longer, and almost invariably, certainly not in every case, but almost invariably, the parents will be reporting back that the child is no longer getting sick nearly as frequently, that the bouts of upper respiratory problems are of shorter duration, of less intensity, that they are bouncing back much more quickly. The main thing is that they are just not getting sick as frequently.

Here we see a study where they used Lymphomyosot® in Europe for (or against) any kind of lymphatic or lymph node enlargements. They found a successful therapeutic response rate of more than 89% of the patients with hyperplasia of the tonsils and other good results using Lymphomyosot®. In this particular study they were looking at the therapy of tonsillitis and prophylaxis against each recurrence. They looked at the response of the physicians and the parents the first winter and then the second winter as a result of using Lymphomyosot®. They were treating kids who tended to get recurrent tonsillitis. They were asking the physicians and the parents what kind of result was happening the first winter and the second. You can see from the bar graphs both physicians and parents were reporting very good therapeutic response using this medicine both in the first winter and succeeding winters as well.

One of the things that I try to educate

my patients, the parents with children and the patients in general, is this more global concept that nature has the ability to heal. What we want to do is create a context for healing. We want to give specific medicines and specific treatments but we also want to mobilize the natural tendency of the body to repair and heal itself. One of the most important concepts that I share with patients is the fact that there are toxins we have brought in through the environment, particularly through the foods, the air, and the water; toxins which put pressure on the system and which make it more difficult for our natural recuperative abilities to be mobilized.

The concept here is to help to detoxify the body. It's a global effect, a systemic effect, where you are not talking about just a specific organ or specific organ network or a specific critical condition, but more systematically about the impact of environmental toxins on the whole system. I share with patients the concept of metabolic clearing. I talk to them about the importance of helping and supporting the liver, which is the main organ for cleansing and detoxification of the body. I remind and educate the patients so they can understand that the impact of the environment is very real.

There are increasingly more and more sophisticated ways of supporting the body's effort to cleanse and detoxify toxins. But at the very least, I am always recommending to patients that they emphasize a diet which moves in the direction of whole, natural foods, trying to get them away from a lot of meat, and processed foods. This is an important concept, from my point of view, to continually remind patients that if they are on a sound diet, it makes everything much easier. It takes a lot of stress off of their system and whatever the illness, if they can make changes in their diet and in their lifestyle, this takes pressure off the system. Their system can more easily repair and recuperate.

The other thing I talk to patients about is the importance of a modest amount of food supplementation, irrespective of the particular disease entity

that we might be dealing with clinically. This leads to the importance of the gastrointestinal flora. Information that we are beginning to get now researches the immunological importance of a viable gastrointestinal flora. The fact is that using a lot of antibiotics can disturb the gastrointestinal bacteria, so we want to refortify the flora using what is referred to as a probiotic supplement, an acidophilus or bifidus-type product which is available these days in any kind of health food store. Some doctors like to carry these products in their office. Other doctors just send their patients to a nearby health food store. Keep probiotics in mind and, of course, speaking to your patients about the importance of antioxidants.

All these are just some of the tools. Of course, we are always talking to patients about the importance of getting out into

the fresh air and exercising. Also, I make a point in every case of helping the patient understand how stress, psychological stress, has a bearing on their capacity to heal. Again, even if it isn't necessarily a stress-related disorder. Many times if I ask patients: Why do you think you're sick? They'll usually say to me the first thing: I don't know, I have just been so stressed out. I hear that continually from patients. Patients coming to us will often have this kind of mindset. Still, I think that more and more patients now understand that there is a relationship between what's happening with them psychologically and what's happening with them physiologically. We talk about the mind/body connection, which is being talked about a lot, psychoneural immunology. I wouldn't say it's a household word, but it's definite that people can understand that there's a connection between the mind and body

and health and illness. From my point of view, the most practical meaning of the mind/body connection is patient education. We want to affect their thinking and their belief systems. On that basis we will be able to help them with their health. And so in our office we have many different handouts, articles, sometimes entire magazines. We make it popular, we make it available.

In short, we want to provide some real strategies for dealing with these cutting edge healthcare concepts.

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BIOMEDICAL THERAPY

INTERNATIONAL JOURNAL OF INTEGRATED MEDICINE

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