

2015: Current State of Integrative Medicine in the US

by

Sheryl Sanchez, L.Ac.,

Heavenly Herbs and Acupuncture

Integrative Health at the Federal Level

In December 2014, the leading federal agency on research in Integrative Medicine, the National Institute of Health's (NIH) National Center of Complementary and Alternative Medicine (NCCAM) was renamed to National Center of Complementary and Integrative Health (NCCIH).¹ In 1998, NCCAM was established under the NIH and has been instrumental in funding scientific research into the "the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care".² Both the current mission statement and the renaming of the NCCIH implies an understanding on the federal level that the wave of the future is to focus on promoting health and treating illness and chronic disease in an integrative way. NCCIH has a research database of complementary 'health topics', which covers nutritional and dietary supplements, herbs, and many health conditions. Both ongoing and completed research topics can also be found on the NCCIH website (<https://nccih.nih.gov>).

Integrative Medicine at Top US Hospital: Utilizing both Chinese Medicine and Functional Medicine

Cleveland Clinic, rated one of the top hospitals in the nation for many years³, announced in 2014 that it will be the first hospital in the US to offer Chinese herbal medicine to "round out its integrative medicine services."⁴ Top hospitals have been using integrated modalities such as acupuncture, massage, meditation and yoga for years now.⁵ Traditional Chinese Medicine, which includes both acupuncture and herbal medicine, has a history of more than 2000 years, has been used through licensed Chinese Medicine practitioners in this country for at least 40 years⁶ and is taught formally through accredited universities throughout the world. This is finally showing an acceptance of this medicine in our medical system. There have been allopathic physicians using acupuncture in their practices since at least 30 years in the US.⁷ Acupuncture has also been integrated into many hospitals in the US for about 20 years. For example, one of the largest HMOs, the Kaiser Permanente medical system⁸, started using acupuncture around 20 years ago⁹ and Stanford University hospital began to offer acupuncture around that time also.¹⁰ Kaiser also was the first HMO to cover acupuncture¹¹ and Stanford University offered its first acupuncture course almost 20 years ago¹². To elaborate how widely acupuncture is now accepted, note that the California Worker's Compensation system has approved of acupuncture for treating injured workers for almost 30 years¹³ and the Veterans Health Administration has also used acupuncture for many years, including for PTSD, and has incorporated its use of 'Battlefield Acupuncture' since 2001.¹⁴

Announced also in 2014, Cleveland Clinic is collaborating with the Institute of Functional Medicine (IFM) in treating patients. Functional Medicine is a new paradigm of medicine, using a systemic,

individualized, patient-centered approach.¹⁵ This approach combines allopathic medicine's diagnostic techniques with current scientific nutritional research called nutrigenomics, to determine the "root causes of illness", creating a personalized treatment approach. Treatment is primarily through diet and nutrition, modification of lifestyle factors, including mental, emotional and spiritual, and healing through natural medicine supplements, although pharmaceutical approaches are used when absolutely necessary (most practitioners are MDs). This holistic medicinal approach has been around now for 25 years and was founded by Dr. Jeffrey Bland, a research biochemist. Dr. Mark Hyman is the family physician who has made the public aware of FM, through his numerous, bestselling books on health and his appearances on the *Dr. Oz* show.¹⁶ He is the Director of the new Cleveland Clinic of Functional Medicine.

Americans: Do NOT Assume OTC Drugs Are Safe!

Acetaminophen, known better by its brand name of Tylenol®, is a commonly used over-the-counter (OTC) nonsteroidal anti-inflammatory drug (NSAID). In fact, due to intense marketing to both the public and physicians since the 1950's, acetaminophen became "the nation's most-used drug in the mid-2000s."¹⁷ However, according to both U.S. Food and Drug Administration (FDA) research, and by the maker of Tylenol® itself, it has been known for over 30 years that its overuse could easily lead to liver damage. To this end, in 2011, the FDA finally required the labeling of this drug to warn about liver toxicity (in addition to also warning of severe skin reactions, of which all "can be fatal",¹⁸ and the potential for allergic reactions). Actually, the labeling requirement from the FDA safety announcement said it was necessary to "highlight potential for severe liver damage".¹⁹

This change in labeling about liver toxicity was very long overdue! It has come after hundreds of deaths per year, including infants and children²⁰, and has caused thousands of emergency room visits and hospitalizations annually.²¹ The FDA's own expert panel stated in 1977 it was "obligatory" that acetaminophen labeling state "Do not exceed recommended dosage because severe liver damage may occur".²² This danger is extremely high with the consumption of alcohol and the combination of the two should never occur. This issue was known also as far back as the 1970's, and although the FDA proposed warning labels about this issue back then, it was not required on a Tylenol® product until 1994. At that time, the maker then voluntarily added this warning to all Tylenol® products.

Today the issue about the safety concerns of the dosage amounts of acetaminophen is still open. New recommendations by a 2009 panel have not been implemented. Meanwhile, acetaminophen is in fact "the nation's leading cause of acute liver failure, according to data from an ongoing study funded by the NIH"²³.

The overall important issue is that NSAIDs are not very safe. NSAIDs are overconsumed by Americans and they all have numerous side effects, but are considered safe by the average person because they are available OTC. Additionally, other safer pain management techniques are not fully pursued by physicians for patients. All NSAIDs are known to have potentially serious side effects, particularly gastrointestinal and cardiovascular effects. They also have the potential to impair kidney function.²⁴ New research even shows that acetaminophen can result in "second generation neurodevelopmental

and behavioral disorders” and is a “hormone disruptor”²⁵, so safety during pregnancy is also highly questionable. But, public protection can happen as done in other countries. For example, “ten other industrialized nations limit acetaminophen’s availability OTC”²⁶ due to its liver toxicity. It would be prudent for this to occur in the US as well.

Recent research is now showing that the most commonly used OTC antihistamine diphenhydramine (DPH), known by its brand name of Benadryl, is linked to an increased risk of dementia. DPH is part of a class of drugs called anticholinergics. I learned about the effect of these drugs on patients’ cognition and memory a few years ago through a newsletter²⁷ that discussed the ‘Anticholinergic Cognitive Burden Scale’ published by Indiana University’s Center for Aging Research.²⁸ These drugs are called “anticholinergics because they interfere with the ability of a crucial brain chemical called acetylcholine (Ach) to attach to nerve cells”²⁹. When the activity of this brain chemical, or neurotransmitter is affected, cognition and memory are affected as well. The very troubling side is that DPH (and another similar antihistamine) is also found in numerous OTC night-time sleep and pain medications – every product that includes a ‘PM’ in its name has this antihistamine in it, or a similar one. (DPH is in OTC sleep medications due to its very well-documented ‘side effect’ of causing drowsiness!) The most commonly used anticholinergic medications besides antihistamines may be antidepressants, such as Elavil and Paxil, and medications for overactive bladder. However, the list of potential anticholinergics includes several different commonly used OTC drugs (for example: Zyrtec, Tagamet and Imodium). The list includes many prescription medications as well (for example: Xanax, Lasix, Soma and Codeine).

There are safe alternatives to both NSAIDS and antihistamines by using CAM options, such as diagnosis and treatment via CAM professionals such as naturopathic doctors and acupuncturists. Based on the individual, or patient-centered approach, there are many natural anti-inflammatories and analgesics from nutritional supplements, botanical medicines or herbs that are safe and proven by research that can be prescribed by a CAM professionals, or even obtained through health food and supplement stores. There are ways to treat allergies, hayfever and insomnia through these products as well. In fact, many plant-based products for pain have been commonplace in our society and now the average person has heard of curcumin, boswellia, arnica or hypericum.

PAINS Project: Never *Only* Opioids

Effective at the beginning of 2015, a new pain management standard went into effect to include non-pharmacological treatment strategies such as acupuncture, chiropractic and osteopathic manipulation, massage therapy, and relaxation and cognitive therapy.^{30, 31} This updated national standard, by the Joint Commission³², is the first time non-pharmacological approaches were included. This decision was influenced by the PAINS Project, a “multidisciplinary task force” of 40 “main-stream pain-related organizations”³³ (for example, pain support groups for arthritis, TMJ disorders, Interstitial Cystitis, and a rare neurological disorder are members). The PAINS Project is a program of the Center for Practical Bioethics.³⁴ Last year, its policy brief, Never *Only* Opioids was published.³⁵ Its focus was “The Imperative for Early Integration of Non-Pharmacological Approaches and Practitioners in the Treatment of Patients with Pain”. This document highlights that “present evidence is more than sufficient to support early use of non-pharmacological strategies, including complementary and integrative care”, noting that

“integrative practices are already embedded in military medicine”, that “pain was viewed as the most effective treatment area in a survey of health system integrative medicine centers” and that there are already almost 400,000 licensed practitioners in the country providing these services.

All of the advances in the integration of our standard allopathic system of medicine with CAM therapies will result in less reliance on both OTC and prescription pharmaceuticals, which is a very important progression for our health care system, and will have positive long-term health consequences in individuals. The overall health of people in this country will benefit thanks to those who pursue educating the populace about the benefits of CAM. Research has also shown that the cost of using CAM is lower or comparable to our standard healthcare model today.³⁶ I personally can’t wait to see what the future holds in terms of advancing the healthcare model in this more positive direction!

¹ <http://www.nih.gov/about/almanac/organization/NCCIH.htm>

² <https://nccih.nih.gov/about/ataglance>

³ <http://health.usnews.com/best-hospitals/rankings?int=a01008>

⁴ <http://my.clevelandclinic.org/about-cleveland-clinic/newsroom/releases-videos-newsletters/2014-3-5-cleveland-clinic-among-first-in-the-us-to-open-hospital-based-chinese-herbal-therapy-clinic>

⁵ <http://health.usnews.com/healthnews/managing-your-healthcare/pain/articles/2008/01/09/embracing-alternative-care>

⁶ <http://www.pacificcollege.edu/acupuncture-massage-news/om-essay-contest/om-essay-contest/1080-a-history-of-chinese-medicine-in-the-united-states-by-yvonne-scarlett-.html>

⁷ <http://www.medicalacupuncture.org/>

⁸ <http://www.kaiserthrive.org/kaiser-permanente-history/>

⁹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3042334/>

¹⁰ <http://news.stanford.edu/news/1998/april29/compmed429.html>

<http://news.stanford.edu/news/2004/august18/med-acupuncture-818.html>

¹¹ <http://lamorindaacupuncture.com/tag/east-bay-acupuncture/>

¹² <http://news.stanford.edu/news/1997/december10/acupuncture1210.html>

¹³ http://www.acupuncture.ca.gov/about_us/history.shtml

¹⁴ <http://www.dvcipm.org/clinical-resources/battle-field-acupuncture/frequently-asked-questions>

¹⁵ <https://www.functionalmedicine.org/files/library/Introduction.pdf>

¹⁶ <http://www.huffingtonpost.com/dr-mark-hyman/>

¹⁷ <http://www.propublica.org/article/tylenol-mcneil-fda-use-only-as-directed>

¹⁸ <http://www.fda.gov/Drugs/DrugSafety/ucm363045.htm>

¹⁹ <http://www.fda.gov/Drugs/DrugSafety/ucm239821.htm>

²⁰ <http://www.thisamericanlife.org/radio-archives/episode/505/use-only-as-directed>

²¹ http://www.huffingtonpost.com/2013/09/24/tylenol-overdose_n_3976991.html

²² <http://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/DevelopmentResources/Over-the-CounterOTCDrugs/StatusofOTCRulemakings/UCM078448.pdf>, p. 150.

²³ <http://www.propublica.org/article/tylenol-mcneil-fda-use-only-as-directed>

²⁴ <http://www.2ndchance.info/goutClevelandClinicNSAIDsKidney.pdf>

²⁵ <http://www.ncbi.nlm.nih.gov/pubmed/25732401>

²⁶ <http://www.propublica.org/article/tylenol-mcneil-fda-use-only-as-directed>

²⁷ <http://www.drwhitaker.com/anticholinergic-drugs-can-drain-your-memory>

²⁸ <http://www.agingbraincare.org/tools/abc-anticholinergic-cognitive-burden-scale/>

²⁹ <http://www.peoplespharmacy.com/2015/01/27/are-your-drugs-raising-your-risk-for-dementia/>

³⁰ http://www.jointcommission.org/assets/1/18/Clarification_of_the_Pain_Management__Standard.pdf

³¹ http://www.acatoday.org/content_css.cfm?CID=5616

³² The Joint Commission is a national organization that accredits and certifies most hospitals and over 20,000 health care organizations and programs, and recognized nationwide as a symbol of quality.

³³ http://www.huffingtonpost.com/john-weeks/top-10-for-policy-and-act_b_6355832.html

³⁴ <http://practicalbioethics.org/programs/pains-pain-action-alliance-to-implement-a-national-strategy>

³⁵ <http://www.painsproject.org/policy-brief-never-opioids/>

³⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3110809/>; <http://www.ncbi.nlm.nih.gov/pubmed/17266066>