

Healthy Supply of Choices – Albuquerque Journal October 21, 2002

-Alternative therapies gain respect from many medical institutions

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Imagine someone, back in the '70s, predicting that major medical institutions in this country would devote time and money to investigate treatments from non-Western cultures.

"I would have said, 'Not in my lifetime,'" said Dr. David Eisenberg. But now the National Institutes of Health are devoting \$100 million a year to research complementary and alternative therapies.

And these therapies are gaining popularity among the public. When it comes to out-of-pocket costs – not counting the portion insurance picks up- people are spending as much on complementary and alternative treatments as they are on their regular doctors.

A study in 1997 showed that people in this country spent between \$27 billion and \$34 billion on those therapies, compared to about \$29 billion on physicians' services, according to Eisenberg, associate professor of medicine at Harvard Medical School. He was in Albuquerque earlier this month to speak at a symposium on integrative medicine sponsored by the University of New Mexico School of Medicine.

About half of those expenditures went for massage and chiropractic treatments, he said, while herbal remedies and relaxation techniques also got a good chunk. People most often pursued complementary therapies to deal with neck and back pain, anxiety, depression and headaches, he added.

Many doctors still pooh-poo alternative remedies. "In the absence of mechanistic, scientific explanations, these things will not be accepted," Eisenberg said.

Often physicians dismiss as a placebo effect any improvement their patients see from these therapies.

"The placebo has been maligned and misunderstood. What was once a dirty little word is now at the center," he said. New studies have shown how changes in the mind can trigger a whole cascade of measurable effects in the body, he said.

Some Albuquerque physicians at the symposium told how they are integrating these different therapies into their own practices.

Dr. Jeffrey Sollins said he worked as an emergency-room physician for 10 years before starting Bridges in Medicine. In that practice, a patient will be evaluated by a team that could include anyone from a Western medical specialist to a yoga teacher. Doctors of Oriental medicine might share their suggestions with a Reiki practitioner.

Each patient gets a 28-page integrative medicine questionnaire, and the team – with the patient as the center – sits at a table and works out a treatment plan, he said. A patient with chronic sinusitis, for example, got acupuncture and other treatments from a doctor of Oriental medicine, nasal sprays for an allergist, body manipulation from a chiropractor, meditation and healing touch and nutritional recommendations.

Sollins added that he looks for practitioners with extensive training often favoring cross credentialing, such as a registered nurse who has studied Reiki. He warned against medical professionals who try to learn a complementary therapy in a weekend seminar. "The idea that they can become 'weekend warriors,' I think, is dangerous," he said.

Dr. Stephen Weiss said he was in a similar group practice, but turned to a solo practice recently. He sees eight to ten patients a day on only three days a week – by choice, he said. His therapies might include elements of homeopathy, herbs, nutritional supplements, Ayurvedic treatments, counseling, diet and lifestyle changes, and Western drugs, if necessary.

“What brings me the greatest joy,” Weiss said “is incorporating spirituality into my work.... Praying with them, telling them to meditate.”

He doesn't abandon Western treatments, he said; noting that he would insist a cancer patient, for example, have a full work-up from an oncologist.

But, noting that many deaths are caused by medical errors and drug reaction, Weiss said he thinks it's important to explore less toxic therapies.