If It Was Easy, Anyone Could Do It—What Makes Doing CAM Research Difficult
By Ronald Glick, MD

The National Institutes of Health’s National Center for Complementary and Alternative Medicine (NCCAM) was founded in 1997, coincidentally the same year as the Center for Integrative Medicine. We share the mission of extending rigorous research approaches to understanding the potential benefits of complementary and alternative (CAM) approaches, as well as learning more about how they may work. The greatest advances over the last decade have come in our understanding of the impact of stress on immunity and the potential benefit of mind-body and relaxation approaches on health, particularly conditions such as heart disease and cancer. We’re in agreement with colleagues in other areas of medicine that CAM therapies must be studied with the same rigor as traditional approaches.

What makes this so difficult to do? Here are some of the challenges and thoughts about how to meet them:

Funding: Without private support, such as from the pharmaceutical industry, we rely on limited public funds through groups such as NCCAM. As government budgets tighten, it is harder each year to find support for performing high quality studies. We are fortunate to have over a dozen investigators at the University of Pittsburgh who are involved in CAM research.

Understanding placebos: In drug trial, it’s easy enough to use a “sugar pill” to separate out a true medication effect from expectation. However, in treatments such as talk therapies, acupuncture, and bodywork, there are a number of intangibles that help the treatment to work. It’s not just how skilled a massage therapist is with her hands, but how she relates to the person that allows the treatment to work. Dr. Greco discusses this topic further in this issue.

Single vs. complex interventions: If a person has strep throat they see the doctor and get penicillin and they’re good as new. Typically for chronic and disabling conditions, there is not one treatment that takes care of the problem. We commonly recommend a combination of self-care and rehab approaches with the judicious use of complementary therapies. However, research studies tend to look at only one intervention. The research community recognizes this as a problem, and future research methods will be designed to include combined therapies.

In the future, we hope to see answers to complex questions including:

• which approaches work best for which conditions;
• how do these treatments work; and
• can we develop a scientific approach to using these treatments in combination.

As our population ages and we experience more chronic health conditions, it will be important to have these answers.

Acupuncture Research

Acupuncture is one of the complementary modalities that has been written about and studied most extensively. Specifically, it has been looked at most for its potential benefit for pain management. In Traditional Chinese Medicine (TCM) practice it has been used for other health and stress-related conditions. We are fortunate to be able to contribute to our knowledge through two projects occurring at the Center.

Insomnia is a common and distressing problem that can spill over, resulting in significant problems during the day such as fatigue and irritability. While medications can help, many people don’t tolerate them or the meds may lose their effectiveness after a short while. Acupuncture has been studied extensively in the TCM literature, but few high quality studies have been done in the West. We are entering the last year of a study funded by the National Institutes of Health to study the effect of acupuncture on the treatment of insomnia.

Pain can be a common symptom among patients with cancer, with the vast majority doing well with our current treatments. Individuals hospitalized to receive medical or surgical treatment for cancer are likely to have more severe pain that responds only partially to medication and nerve blocks. With the support of the Shadyside Hospital Foundation, we are offering acupuncture treatment for inpatients at UPMC Shadyside who are experiencing pain associated with spreading forms of cancer. Our hope is that our experience in this clinical program will lead to further research in helping to manage cancer-related pain.

Ronald Glick, MD

Please call us at the Center if you are interested in these programs. For the Insomnia Study call 412-623-2374 & for the Cancer-Pain Program call 412-623-6872.
Have you heard the term “placebo effect”? Do you have any idea what it means?

If you said “No” to my second question, you are in good company. “Placebo effect” is the term that is used to describe the improvement in symptoms associated with an “inactive” treatment such as sugar pills or sham acupuncture, and we really don’t know very much about what it is and why it occurs.

Up until recently, the placebo effect was thought of as something to be minimized or eliminated so that we can know the ‘real’ effects of medications or other treatments. But what if this effect could be understood and also enhanced in order to help people to improve?

Lately, medical scientists are becoming aware that there is more to healing than medicines alone, acupuncture needles, or chiropractic adjustments.

The best recipe for healing, for improving your symptoms and your health, may include ingredients such as a trusting relationship with the health care provider, a comfortable environment, and having a positive attitude about your treatment. In other words, the entire context of healing may be important to understand, in addition to the treatment itself.

Center for Integrative Medicine researchers Drs. Greco, Glick and Schneider and their team are hoping, with your help, to learn more about the placebo effect and the important factors that help people to heal. The University of Pittsburgh has received funding from the National Institutes of Health-National Centers for Complementary and Alternative Medicine, to study patients’ ideas about what helps them to improve their health. The overall goal of the project, which is called the HEAL study, is to develop and test a questionnaire to measure the important contextual factors in treatment from the patient’s perspective.

Participants in this study will be asked to complete questionnaires on a computer about their attitudes and opinions about their healthcare.

For more information about the HEAL study, please call 412-246-5543.

PITT Study Tests Chiropractic and Medical Care for Low Back Pain—Principal Investigator: Michael Schneider, DC, PhD

Low back pain is the second most common reason, after the common cold, for a patient to seek medical treatment. There is evidence that both chiropractic manipulation and standard medical care with anti-inflammatory medications can help relieve back pain. What is not yet known is whether some patients respond better to one type of treatment compared to the other. This study, funded by the National Institutes of Health/National Center for Complementary and Alternative Medicine is designed to help answer that question as well as to compare the two most common types of chiropractic manipulation.

Most people think of chiropractic manipulation as a hands-on procedure in which the chiropractor has the patient lie on one side and gently twists the spine into alignment. Manual manipulation is often accompanied by a little click or popping sound. This method is certainly the most common type of manipulation used by chiropractors; however, many chiropractors also use various devices - instead of their hands – to deliver a gentle mechanical force to realign the spine. This method is known as mechanically-assisted manipulation. This research study will compare the effectiveness of the manual and mechanical types of manipulation to see if they are equally effective, or if one appears to give better pain relief. Both types of manipulation will be compared to standard medical treatment.

For patients to be eligible for this low back pain study, they must be eighteen or over, experiencing a new episode of low back pain, and willing to come to the Center for Integrative Medicine for treatment twice a week for four weeks. No prescription drugs or x-rays are involved in this trial. All treatments—whether standard medical care or chiropractic care—will be provided at no charge, and research volunteers will be compensated for their time and transportation costs.

For further information about the Low Back Pain Study please call 412-623-1714.
The UPMC Center for Integrative Medicine is dedicated to increasing knowledge about the effectiveness and safety of complementary and integrative medicine approaches. Other integrative medicine modalities may not have been subjected to the same level of scientific inquiry as western medicine treatments. The Center for Integrative Medicine, in concert with the University of Pittsburgh, is actively pursuing research to support the benefits of these therapies.

Currently recruiting:
- CIM Research Registry
- Low Back Pain Research
- HRV for Clinic Patients
- The “Feel My Best” Study for Individuals with Lupus
- Acupuncture for Insomnia

Coming soon:
- Healing Context Study – Help us design questionnaires to measure patients’ experiences with traditional and integrative medicine

Research Opportunities

Do you know someone who has lupus?

If so, then you are probably aware that lupus is an unpredictable autoimmune disease that can be quite painful and energy draining.

But, did you know that people with lupus may also suffer from depression? Symptoms of depression, such as persistent sadness, reduced enjoyment of activities, and problems with sleep and appetite are more common in people with lupus than in people with similar diseases such as rheumatoid arthritis. (Sundquist et al., Arch Int Med. 2008;65(5):501-7.)

Although mind-body skills such as relaxation training and mindfulness meditation may be effective for reducing depressive symptoms and pain in people who don’t have chronic illnesses, it is not clear whether people with lupus could benefit from such skills.

Researchers at the UPMC Center for Integrative Medicine have received a grant from the National Institutes of Health to determine whether mind-body skills training and supportive counseling can reduce depressive symptoms and improve quality of life in people who have lupus and have depressive symptoms.

Who can participate in this study?

People who have a diagnosis of systemic lupus erythematosus (SLE) may be able to participate in the Feel My Best study if they:
- have symptoms of depression.
- are 18 years old or older.
- have not had changes to their medications for at least one month.
- are able to attend eight counseling sessions and four evaluations.

Participants in the study receive either mind-body skills training or supportive counseling at no charge, and also receive medical evaluations by a rheumatologist who specializes in lupus. Parking costs are covered.

The “Feel My Best” study tests two forms of counseling for reducing depressive symptoms in Systemic Lupus Erythematosus (SLE).

For more information about the SLE “Feel My Best” study, please call 412-623-2374.

Have you tried everything for your insomnia?

Would you be willing to try acupuncture?

Who can participate?

You may be eligible to participate if you:
- Are between 18 and 60.
- Are currently experiencing insomnia.
- Are English speaking.

What is involved?

Participants will receive:
- Acupuncture.
- Compensation for parking and time.

For more information, please call 412-623-2374.
2012 Lecture Series at the Center for Integrative Medicine

UPMC Employees—receive 75 Take a Healthy Step points for attending—All lectures and classes at CIM

### April

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<th>Time</th>
<th>Event Description</th>
<th>Cost</th>
<th>Instructor</th>
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<tr>
<td>Tues. 4/3–6/5</td>
<td>6–7:00 p.m.</td>
<td>Tai Chi and QiGong $10/class</td>
<td>$100</td>
<td>Joseph Bozelli, MMQ</td>
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<td>Thurs. 4/5–6/7</td>
<td>7–8:00 p.m.</td>
<td>Tai Chi and QiGong $10/class</td>
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<td>Thurs. 4/19</td>
<td>5:30–6:30 p.m.</td>
<td>Fascinating Fascia</td>
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<td>David Lesondak, CSI</td>
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<td>Yoga — Level II (6 sessions)</td>
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<td>Alicja Walczak, MS, CRS</td>
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<td>Thurs. 5/17</td>
<td>5:30–6:30 p.m.</td>
<td>Relieving Pain with Acupuncture and Acupressure</td>
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<td>Patricia Smith, LAc</td>
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### June

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<td>Thurs. 6/21</td>
<td>5:30–6:30 p.m.</td>
<td>Boosting Immunity</td>
<td>FREE</td>
<td>Sari Cohen, ND</td>
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### Center for Integrative Medicine Team

**Neal Ryan, MD, Director**

**Administration**
- Jeanette Adams, Administrative Manager
- Kathy Ronczka, Secretary
- Gail Chalmers-Blair, Office Assistant
- Linda O'Toole, Office Assistant

**Research**
- Christine McFarland, Research Coordinator
- Chelsea Diebold, Research Associate
- Adam White, Research Associate

**Practitioners**
- Joseph Bozelli, MMQ, Tai Chi, Qi'Gong Teacher
- James Donnelly, MA, Psychotherapist
- Carol Greco, PhD, Assistant Professor of Psychiatry, Meditation Instructor
- Deborah Grice Conway, PhD, Psychotherapist
- John Laird, ND, Naturopath/Nutritionist
- Jessie V. Larson, NCTMB, Massage Therapist
- David Lesondak, BCSI, Structural Integrator
- Lisa Levinson, AmSat, Alexander Therapist
- Dan Miller, DC, Chiropractor
- Sharon Plank, MD, Integrative Medicine Physician
- Michael Schneider, PhD, DC, Asst. Prof. of Health & Rehab Science
- Erin Simon, CMT, LLC, Massage Therapist
- Stacy L. Simon, PhD, Psychotherapist
- Tricia Smith, LAc, MAc, Acupuncturist
- K.K. Teh, LAc, MAc, Acupuncturist
- Stephanie Ulmer, Shiatsu Therapist
- Alicja W. Walczak, MS, CRS, Biofeedback, Yoga Instructor

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The Center for Integrative Medicine at UPMC Shadyside is the first hospital-based center in Pittsburgh to combine natural healing practices with conventional medicine. “Integrative medicine” refers to the incorporation of evidence-based complementary therapies into conventional treatments for patients. Integrative medicine is meant to work in conjunction with traditional medicine, providing a more holistic approach to healing—mind, body, and spirit.