

UPMC Center for Integrative Medicine

Dedicated to increasing knowledge about safe and effective complementary and integrative medicine approaches.

How to Decide Which Complementary Therapies Will Be Helpful

By Ronald Glick, MD

Patients are often frustrated with their medical care for many reasons. Television has taught us to expect that Dr. House will find a medical solution to even the most perplexing problems. Increasingly, we're experiencing chronic conditions which do not respond to the usual biomedical approaches. This leads many people to consider complementary therapies.

UPMC Health Plan recently expanded options for subscribers of many of its plans with the approval of acupuncture for several pain conditions. A study from 2012 found strong evidence of the benefit for acupuncture over placebo for neck and back pain, arthritis, and migraines¹. This was based on results of 29 studies and close to 18,000 subjects treated. For most treatments, we don't have this robust level of research support, so it can be a challenge for informed consumers to sort out which therapies may be the most helpful for them. Several general questions can guide us in this quest:

Is it safe? A basic dictum in medicine is first do no harm. Because nutritional supplements are "natural" people assume that they're harmless. Particularly with herbal agents, there is the potential for interactions with other medications. As an example St. John's Wort can result in a "surprise" by rendering oral contraceptives ineffective. The greatest harm can come if someone pursues a complementary therapy to the exclusion of traditional treatment. For someone with a treatable cancer, it would be a mistake to skip chemotherapy and instead rely on "alternative treatments".

Is there a plausible scientific rationale for the treatment? Over the last several years, our understanding of physiology around complementary approaches has grown. A curious finding is that multiple approaches target the same systems. As an example, acupuncture, massage therapy, and mind-body therapies all impact:

- Endorphins – our natural pain relieving brain chemicals
- Inflammation – as measured by chemicals called cytokines
- Autonomic balance – the fight or flight response-as measured by changes in heart rate pattern and stress hormones

What is the level of evidence? The acupuncture trial, noted above, is a meta-analysis, pooling together results of multiple studies. The weakest level of support is based on opinions and clinical experience. To be convincing, it is important to test treatments out systematically. For several areas, including acupuncture, chiropractic, and mind-body approaches, evidence is strong enough to support the treatment for a number of conditions. Alexander Technique, mentioned on Page 2, has promising studies to support benefit for pain. Shiatsu and craniosacral therapy are two manual approaches which seem to be helpful in a clinical setting but with only limited research support.

What is the cost? Costs for complementary approaches contribute greatly to the overall costs of health care in the United States. Typically, these services are not covered by health insurance, leading to financial burden on the individual. Chiropractic therapy has strong research on costs vs. benefits, which helped the field to become the most commonly covered complementary therapy service. As our healthcare system changes, with focus on costs and health outcomes,

we anticipate that there will be greater interest in group-oriented programs such as Mindfulness Based Stress Reduction.

How long are the treatment benefits likely to last? No one can say ahead of time if a treatment will work for a specific individual or how long any benefits are likely to last. Initially, research assesses if a therapy can be helpful for certain symptoms or health conditions, even in the short-term. Subsequent studies commonly look at the duration of the treatment effect. Adding in self-management approaches can help extend the benefits. To maintain gains, chiropractors often advise patients on exercise. In the same way, acupuncturists may recommend dietary changes or herbal supplements to help balance energy in the body.

What is symptomatic and what is "healing"? We think of complementary approaches as something that may improve symptoms but won't change the underlying condition. As an example, acupuncture can improve pain and function for patients with knee osteoarthritis, but if you look at the X-Ray, there is no change to the degeneration. Are there times that we can modify the disease process? There are several instances when we see lasting changes from simple interventions:

- For both migraines and fibromyalgia, there are indications that magnesium stores may be low and supplementation may decrease pain.
- For patients with irritable bowel syndrome, there may be dietary triggers, such as milk products, gluten, or nuts. Eliminating offending agents from the diet can decrease the irritation in the gut and improve symptoms.
- Low levels of Vitamin D contribute to risk for cancer, including colon, breast, and prostate, but we don't know yet if supplementation will prevent or help treat these cancers².

Which therapies are complementary or alternative and which are mainstream? In high school I naively thought that weeds were somehow different from the rest of the world's flora. My bio teacher set me straight, with the wonderful definition, "a weed is a plant that people don't like very much". After that, I started thinking of them as wildflowers. If interventions have a plausible mechanism of action, evidence of benefit, durability of effect, and can change our physiology, why do we call some therapies complementary and others mainstream. A perfect example is biofeedback, which has strong evidence of benefit for migraines and commonly is recommended by headache clinics. Often, we continue to consider things alternative because of a Western cultural bias. In India meditation and yoga for health is commonplace and Tai Chi, Qi Gong, and acupuncture are a part of health practice in China. Much of the pharmacopoeia in the Philippines, China, India, and many other world cultures is derived from indigenous plants as much as manufactured pharmaceuticals. What is mainstream in one setting is considered complementary in another.

What do we want from our medical care? Dr. Alan Detsky, physician, medical researcher, and former editor-in-chief of the Journal of the American Medical Association, wrote an editorial describing "what patients really want from health care"³. To paraphrase, we want kind and caring physicians, relief of pain and suffering, and treatment that will help us without having to do the work ourselves. Practitioners of complementary approaches may tap in to these intangibles. With integrative care, the setting is often

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Complementary Therapies, cont.

relaxed and inviting, lights tend to be soothing, aromatherapy may be present, and the practitioner interaction is likely to be calm and engaging. All of these factors may contribute to a healing effect. Another difference is the shift in our mindset. Commonly, in a medical setting we're seeking a medical solution, while we may approach complementary therapies with a focus on treatments that can alleviate symptoms.

How do I find a skilled practitioner? Chiropractors, acupuncturists, and massage therapists must be licensed in Pennsylvania. For the non-licensed specialties, such as naturopathic medicine, there are clear standards of training and practice, commonly reflected by professional organizations or certifications. Most integrative health practitioners are glad to discuss their training and experience. Your physician or health care practitioner can help direct you. All practitioners at the Center for Integrative Medicine have been credentialed through the UPMC Shadyside Medical Staff Office.

Is the treatment active or passive? One factor, that weighs in the equation, is the active-passive dimension. For many complementary approaches, such as chiropractic, we passively receive the treatment. It's important to balance this out with active lifestyle changes, particularly in the areas of diet, exercise, and stress management. For some inherently passive modalities, such as acupuncture, an individual can use the time, in which they experience relief of symptoms, to step up activity or engage in other self-management strategies.

At some point, most of us experience health conditions that are chronic, associated with pain and disability, and show a limited response to treatment. It is reasonable to ask if complementary approaches may be helpful and hopefully these considerations can be a helpful guide.

References:

1. Vickers AJ, Cronin AM, Maschino AC, et al. Acupuncture for chronic pain: individual patient data meta-analysis. *Arch Intern Med.* 2012;172(19):1444-1453.
2. NIH-National Cancer Institute. Vitamin D and Cancer Prevention. Web site accessed 4/7/2016. <http://www.cancer.gov/about-cancer/causes-prevention/risk/diet/vitamin-d-fact-sheet>
3. Detsky AS. What patients really want from health care. *JAMA.* 2011 Dec 14;306(22):2500-1.

An Interview with Caitlin Freeman, M.AmSAT with Ronald M. Glick, MD

What is Alexander Technique? Alexander Technique is a bodywork method that teaches mindful movement. It is a system for learning how we do what we do, which helps us change habits of body and mind. Put simply, Alexander instruction teaches a person to be more aware of body posture and movement and substitute healthier patterns of motion.

How was this technique developed? The 20th Century was blessed with four charismatic and innovative leaders who helped us make sense of the neuromuscular system. Ida Rolf developed structural integration (which is offered at the Center for Integrative Medicine by David Lesondak). Joseph Pilates and Moshe Feldenkrais developed movement therapies that bear their names. Frederick Matthias Alexander was an aspiring Shakespearean actor, limited by voice problems. After years of intensive study, given his personal success, he devoted his life's work to teaching and sharing his

Interview, cont.

approach. With numerous students and disciples, Alexander Technique instruction spread widely in England and the United States. It is a regular feature of fine arts schools, enhancing the performance of actors, dancers, and musicians.

How does the Alexander Technique work? Alexander taught that factors such as work positions, repetitive activities, psychological stress, and pain all affect our posture and movement. Without knowing, we make adjustments which perpetuate the problems. Instruction is through a step-by-step process that has three primary stages: identifying neuromuscular habits that may lead to problems with posture, movement, pain, or anxiety; learning to decrease these habits; and learning how to improve neuromuscular coordination.

Who can benefit from the Alexander Technique? Anyone who wants to reduce stress and learn to move with greater ease and confidence can benefit from Alexander Technique. The approach is especially effective for relieving chronic pain. One study found long-term benefits for patients with chronic back pain, leading the UK to include Alexander Technique instruction as a part of covered health care.¹ Alexander Technique has shown benefit for individuals with Parkinson's Disease, with improvement of tremor, depression, balance, coordination, and wellbeing.²

How did you become interested in the Alexander Technique? From my earliest memories, I had difficulty with balance and coordination. My tactile sense was also dysregulated so that touch felt like a burning sensation. When I was in my 20s, I learned why: I was diagnosed with a sensory processing disorder, which was considered to be a variant of Asperger's Syndrome. I started sessions in Alexander Technique at the encouragement of a family friend, and from my first session, a whole new world of sensation opened up to me. I realized through the profound sense of calm, that I had been in a state of overwhelm so intense that my body awareness had been lost in the static. After a few months of sessions, my senses of touch, movement, and balance had improved so much that I decided to become an Alexander Technique practitioner myself. I started the three-year training course in 2005, and since graduating in 2008, it has been my goal to help people with autism spectrum and sensory processing disorders achieve sensory integration and stress relief.

How many sessions does it usually take to see benefit? Most clients experience a feeling of lightness, ease, and relaxation after the first Alexander Technique session. After five to 10 sessions, most clients learn how to integrate the Alexander Technique into their everyday lives to achieve lasting stress reduction and pain relief.

What does your credential "M.AmSAT" mean? This title means that I am certified by the American Society for the Alexander Technique, which requires completion of 1,600 hours of training over a minimum of three years at an AmSAT-approved training course.

References:

1. Hollinghurst S, Sharp D, et. al. Randomised controlled trial of Alexander technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain: economic evaluation. *BMJ.* 2008 Dec 11; 337:a2656.
2. Stallibrass C, Sissons P, Chalmers C. Randomized controlled trial of the Alexander technique for idiopathic Parkinson's disease. *Clin Rehabil.* 2002 Nov; 16(7):695-708.



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PRIMIER

Patients Receiving Integrative Medicine Interventions
Effectiveness Registry

Help advance Integrative Medicine with your participation!



PRIMIER is the first large-scale, national study designed to show the important value of integrative medicine. The PRIMIER database will allow researchers to evaluate the effectiveness of integrative medicine for many medical conditions. Since its beginning in August 2013, over 1500 people like you have contributed information to PRIMIER. The more people who participate and contribute data over time, the stronger our results will be. All patients receiving services at CIM are eligible to participate.

- It's easy! Online questionnaires can be completed from home and take only minutes to complete!
- Up to 7 questionnaires over a period of 2 years
- Enrollment information is available in the waiting room at CIM

HEAL Pain Computer Study

Researchers at the University of Pittsburgh are conducting a research study to determine the usefulness of questionnaires about healing for people receiving treatment for chronic pain. Participants will be asked to complete computer-based questionnaires regarding their attitudes and opinions about their healthcare. Each of three sessions will require 20 - 30 minutes. The computer assessments will take place approximately 6-8 weeks apart and can be completed at CIM or at *any location with internet access*. Participants will be paid up to \$90.

You may be eligible if you:

- Have had pain for three months or longer
- Are starting a NEW treatment for pain, and
- are willing to complete three online questionnaires lasting about 30 minutes each.

For more information please call

412-623-2374

Or email, healing@upmc.edu



tran·scend·ence

,tran(t)'sendəns/

noun

existence or experience beyond the normal or physical level.
"the possibility of spiritual transcendence in the modern world"

Transcendent experiences are common, potentially life changing, and often associated with a spiritual or religious context. **David Yaden** is a research fellow at the U Penn Positive Psychology Center who studies this area. We welcome you to hear our Keynote, Mr. Yaden, as well as our excellent local faculty in this upcoming seminar:

The Evolutionary Power of Transcendence & Implications for Clinical Practice

The program will be May 9, 2016 on the Chatham University Campus

This is geared for nurses, mental health professionals, and clergy and the community is welcome to attend as well.

For more information or to register, please contact Nancy Mundy at 412-204-9090 or mundynl@upmc.edu

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2015-16 Lectures and Classes at the UPMC Center for Integrative Medicine
UPMC Employees receive 50 Take a Healthy Step points for attending. All lectures and classes at CIM.

May 2016

Mon. 05/02 – 05/23	2:00 – 3:15	Mindful Yoga (4 classes)	\$50	Deanna Burkett, MA, MS, RYT
Mon. 05/02 – 05/23	5:30 – 6:45	Kripalu Yoga Level I (4 classes)	\$50	Deanna Burkett, MA, MS, RYT
Mon. 05/02	7:00 – 8:15	Monthly Mindfulness Intro.	Free	Greco/Burkett
Thurs. 5/19	5:30 – 6:30	Letting Go of Resentments	Free	Jim Donnelly, MA
Wed. 05/04 – 05/25	3:00 – 5:00	Yoga Level I (4 classes)	\$50	Alicja W. Walczak, MS, CRS
Wed. 05/04 – 05/25	5:30 – 7:00	Yoga Level II (4 classes)	\$50	Alicja W. Walczak, MS, CRS
Mon. 05/02 – 05/23	12:00 – 1:00	Chair Yoga (4 classes)	\$50	Deanna Burkett, MA, MS, RYT

June 2016

Wed. 06/01 – 06/22	3:00 – 5:00	Yoga Level I (4 classes)	\$50	Alicja W. Walczak, MS, CRS
Wed. 06/01 – 06/22	5:30 – 7:00	Yoga Level II (4 classes)	\$50	Alicja W. Walczak, MS, CRS
Mon. 06/06	7:00 – 8:15	Monthly Mindfulness Intro	Free	Greco/Burkett
Mon. 06/06 – 06/27	2:00 – 3:15	Mindful Yoga (4 classes)	\$50	Deanna Burkett, MA, MS, RYT
Mon. 06/06 – 06/27	5:30 – 6:45	Kripalu Yoga Level I (4 classes)	\$50	Deanna Burkett, MA, MS, RYT
Thurs. 06/16	5:30 – 6:30	Help for that ‘Royal Pain’ in Your Neck	Free	Engkeat Teh, LAc., MAC.
Wed. 06/22 – 08/10	6:30 – 8:30	Mindfulness-Based Stress Reduction (8 classes)	\$300	Greco/Burkett

July 2016

Wed. 07/06 – 07/27	3:00 – 5:00	Yoga Level I (4 classes)	\$50	Alicja W. Walczak, MS, CRS
Wed. 07/06 – 07/27	5:30 – 7:00	Yoga Level II (4 classes)	\$50	Alicja W. Walczak, MS, CRS
Mon. 07/11 – 07/25	2:00 – 3:15	Mindful Yoga (3 classes)	\$50	Deanna Burkett, MA, MS, RYT
Mon. 07/11 – 07/25	5:30 – 6:45	Kripalu Yoga Level I (3 classes)	\$50	Deanna Burkett, MA, MS, RYT
Mon. 07/11	7:00 – 8:15	Monthly Mindfulness Intro	Free	Greco/Burkett
Thurs. 07/21	5:30 – 6:30	Reducing Stress with the Alexander Technique	Free	Caitlin Freeman, M.AmSAT

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