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Robert D. Scholten, M.S.L.I.S.
Beth Israel Deaconess Medical Center

1. NCCAM and NLM should initiate development of an information strategic plan

2. Information professionals at various NCCAM-supported research centers should be engaged to assist in creation of national databases in CAM

3. An authoritative national phytopharmacopeia should be developed by NCCAM or ODS.

4. . The Health finder peer-review process for selecting web-based information should be made public so researchers can build off it.

EDUCATION OF "THE OTHER HALF" OF THE HEALING EQUATION – (THE CITIZEN PATIENTS)

Comments to the White House Commission on Complementary and Alternative Medicine

February 23, 2001

by

Professor Rustum Roy

Chairman, Friends of Health

Visiting Professor of Medicine, University of Arizona

The Key to a Cost-effective U.S. Health System: Educated Patients

Rationale

Perhaps the most significant difference between contemporary, mainstream U.S. medical practice and the "CAM" or "whole person healing" model is the vastly increased role of the patient in the Healer-Patient interaction. It is acknowledged as an axiom of much CAM that the Doctor ⇄ Patient is an interactive system. The patient is actively involved in the healing.

It is the principal thesis of the comment that the Commission emphasis on education should not neglect the other half of the interaction in all CAM healing - the patient or citizen – in the target population to receive education.

Among the significant dicta of Hippocrates is not only: "First do no harm", but "It is more important to know the person who has the disease than the disease the person has..." In today's version Hippocrates might say, "It is as important to educate the person who has the disease, as the healer who will help the person."

Much, if not most, of the attention in the area of education, in this Commission, has focused on the education of the healer (whether physician or alternative provider). We believe it is at least equally, important to be concerned about the **education of the "patient"**.

Indeed it is quite safe to claim that the entire rise of the field of integrative medicine has been caused by the education of the putative patient. CAM's history is a shining example of the power and success of mass education in the very best sense, by the use of "informed sources". These have included word of mouth, small community networking (e.g. via church groups), and the TV and print media. The latter due to their access to huge numbers of citizens has made the CAM movement. The tidal wave of interest and use of "alternatives" is in no small measure correlated with the repeated national TV appearances of CAM leaders such as Andrew Weil, Deepak Chopra, Larry Dossey, etc. Yet the Web, and all these media have no quality control mechanisms. Nor are they in any sense systematic. Clearly there is a place for systematic, reliable education via the formal channels of college and school.

Education of the Citizen in Health as in Science

In 1982 the House of Representatives Committee on Science, going against both the Administration and the Academic establishment, tackled the matter of the much-neglected "Science Education" both of the professionals and of the public. In the Senate, the Kennedy – Hatfield resolution urged a focus on the technological and scientific literacy of the general population. In the event, the NSF Science **Education** budget was expanded continuously, and has reached about $700 million/year. It is now supported by all constituencies. Precedents clearly exist for what is being proposed herein for formal education of the masses. Moreover the pay off in better health at lower cost will be very large and direct within a decade.

Proposal

It is our proposal that this White House Commission strongly recommend the initiation of a vigorous Federal program to include, as a major component, the education of the "citizen-patient". Nothing in our view would be more cost-effective or timely to develop an American cost-effective healthcare system where the citizens' taking of responsibility based on sound education, would make the difference.

The potential scope of such an educational program is vast. Initially one could start with a focus on the general education courses offered in every college – several million citizens per year. The great advantage of using the formal educational processes is that we bring some quality control (but no dogmatic position) into the material presented. This number will of course be expanded by the various (Web based) continuing education efforts of the many universities and community colleges that will get involved. Partnering with the large CAM community's efforts and private sector educational efforts should be encouraged wherever appropriate. Targeting underserved and minority populations is especially important because the payback may be greatest there.

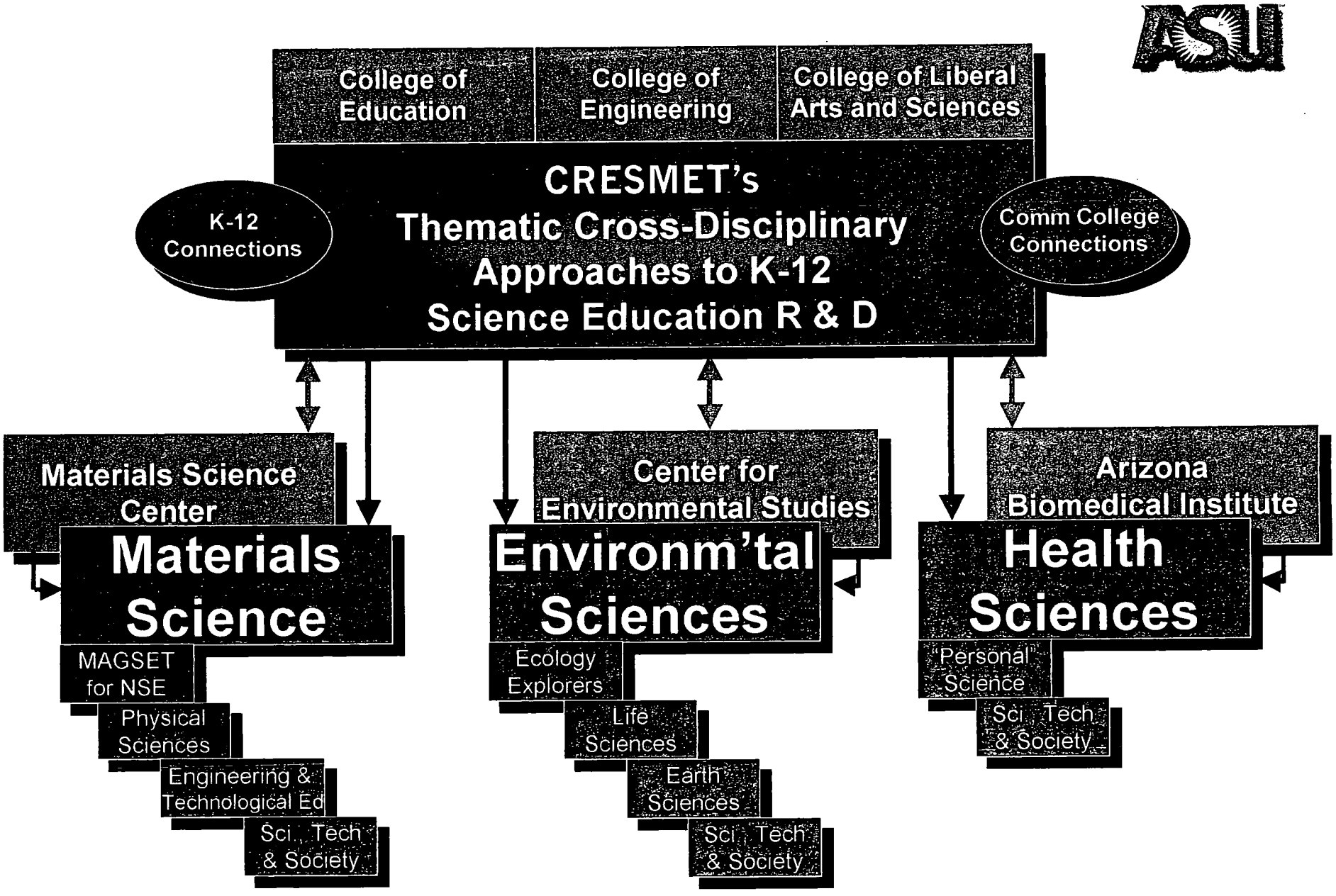
It is acknowledged by all sides that the most significant correlate of good health is level of education. Of course part of that is due to socio-economic factors. But part of it is strictly due to more knowledge about health maintenance and use of CAM procedures.

That is what this selective education program must be aimed at. It would also certainly offer one of the bright spots in the economic future of the U.S. health care system. Moreover its cost would be a fraction of the research on new drug for just one disease.

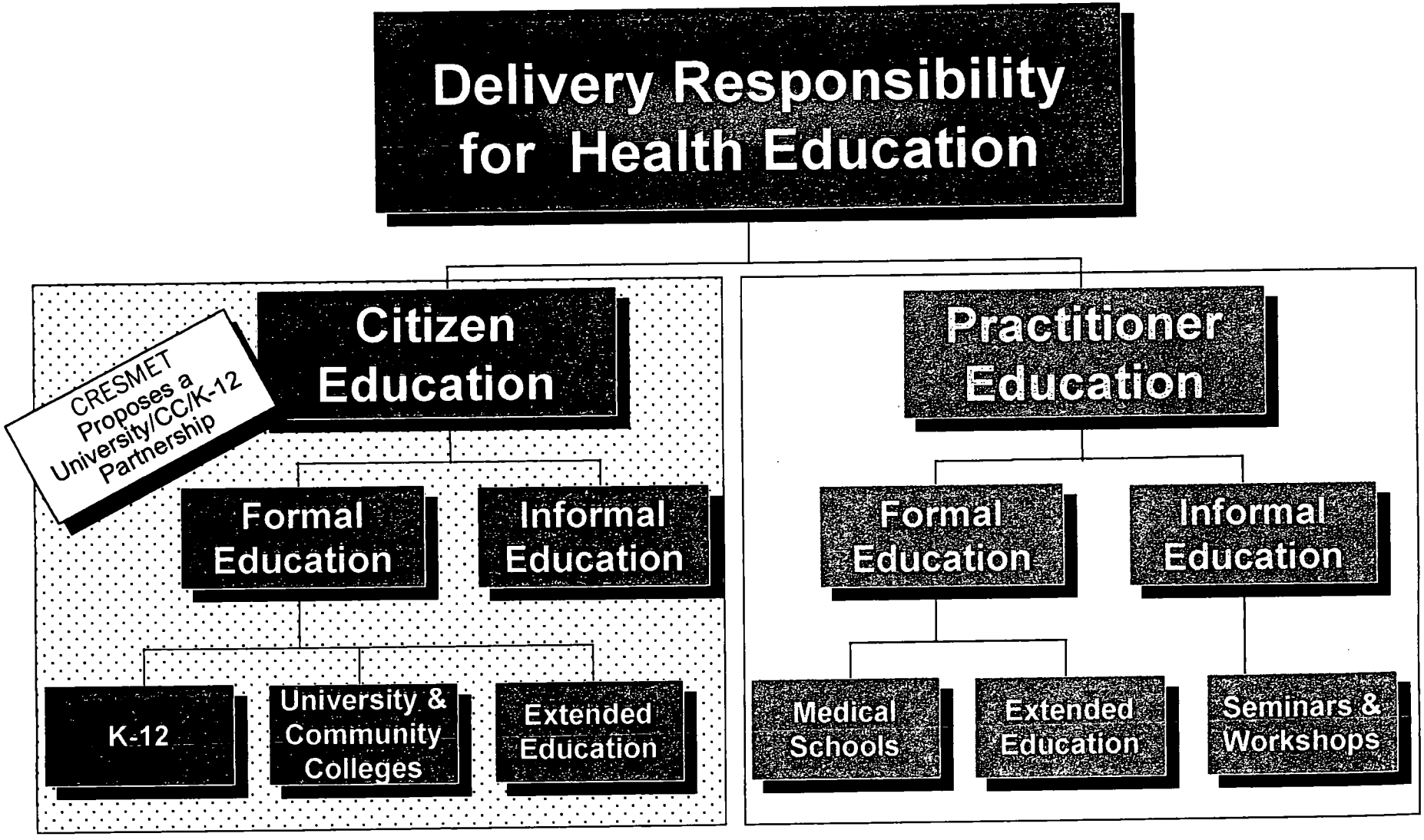
Administration

N.I.H. is a research agency. This health education program would not fit in at all. Instead it is proposed that the Commission recommend a Citizen-Patient Health education initiative to be administered as a joint program of the U.S. Public Health Service and the NSF (or Department of Education).

The level of funding can parallel the science education funding efforts in Federal agencies escalating from a $50 million/year to $500 million/year in a decade.


College of Education
College of Engineering
College of Liberal Arts and Sciences
CRESMET's Thematic Cross-Disciplinary Approaches to K-12 Science Education R & D
K-12 Connections
Comm College Connections
Materials Science Center
Materials Science
MAGSET for NSE
Physical Sciences
Engineering & Technological Ed
Sci. Tech & Society
Center for Environmental Studies
Environm'tal Sciences
Ecology Explorers
Life Sciences
Earth Sciences
Sci. Tech & Society
Arizona Biomedical Institute
Health Sciences
"Personal" Science
Sci. Tech & Society

"The Strongest Correlate of Good Health is Education"



Additional Testimony Points

Diane M. Miller JD
Executive Director of National Health Freedom Coalition:
Providing legal information and resources for decision-makers involved in reform for complementary and alternative health care.
Defense Counsel for complementary and alternative practitioners and healers
Drafter and Lobbyist for MN Model

Additional Points to Keep in Mind Regarding Credentialing and Government Regulation in addition to testimony already before you:

1. **Problem: Unlicensed healers are illegal. They can be charged criminally**. This means that consumers don't get access to these healers unless the healers are willing to work in a vulnerable legal situation.

   There are 1000s of unlicensed healers, permeated throughout the culture, many in solo practice without affiliation to national groups, with a broad array of backgrounds and talents, many of whom use a combination of skills to assist consumers.

2. **Licensed practitioner and healers can lose there license. They can be disciplined by their Boards**. This means that consumers don't get access to these types of healers unless the practitioners are willing to work in a vulnerable legal situation.

   There are 1000s of licensed healers across all professions utilizing a broad range of healing arts, specific to their own personal interests, having gotten their information from many sources, and utilizing it to assist patients.

3. **Educational credentials or degrees are not the same as government delegated titles and regulation**. There are 1000 of groups that promote educational credentials and accreditation of schools and degrees. Many of these groups also support the practice of their profession by non-degreed individuals. Example, Northwestern School of Homeopathy.

   Many national groups are adopting policies of non-exclusion but continuing on the path of advancing various kinds of private credentials and excellence. Many natural health disciplines acknowledge some of their greatest teachers do not have the credentials and degrees and do not want government to exclude them.

   If regulation is necessary for harmful practices, then the use of least restrictive regulation is important to avoid using scope of practice laws that promote turf battles. Jurisdiction statutes rather than scope of practice statutes work better to avoid this problem

4. **Consumer expectations are based on the location and culture in which they find themselves**. That is the beauty of culture. Pluralism is an important component of a strong society. Free expression of rituals and traditions make for a rich culture. Federal homogeneity should be reserved only for those situations that pose an imminent risk of harm to the country as a whole, to a community or to an individual. Uniformity around safety should always be balanced with free expression of a culture.

Addition Recommendations (in addition to the attached document of Finding and Recommendations of the National Health Freedom Coalition):

1. Reform laws so that unlicensed healers and practitioners are not charged criminally for practicing their trade or art. Charge only when a practitioner has broken other regular criminal laws already in place. Consumer have the right to access all healers and all healers should have an legal avenue of accessibility to consumers.

2. Reform laws so that licensed practitioners and healers always have legal avenues in which they can practice healing practices outside of the prevailing standard of care. Consumers have the right to access all licensed practitioners practicing outside of their prevailing and accepted standard of care and all practitioners should have a legal avenue of accessibility to consumers.

3. Adopt public policy that promotes:

   a. education and innovation without leaving individuals or groups that do not participate in that education in legal jeopardy and inaccessible to consumers.
   b. the use of all healing behaviors across all occupational disciplines whenever possible. When that is not possible due to imminent risk of harm then adopt public policy that promotes extensive collaborative models of delivery and promote cooperation between groups.
   c. adopt public policy in health that demands a consumer informed environment in all health related circumstances. The Client Bill of Rights in MN is an example of a great tool to disseminate information to consumers as well as providing a way for written information to make its way between a host of other practitioners.

4. United States citizens should always allocate the burden of proof to the government for any restriction on their choices of healing treatments or practitioners. The legal standard of imminent risk of harm to consumers is a proper standard for government oversight.

5. For review of National Health Freedom Coalition Findings and Recommendations please see attached document.

FINDINGS AND RECOMMENDATIONS FOR COMPLEMENTARY AND ALTERNATIVE HEALTH CARE REGULATION

Produced by

National Health Freedom Coalition

The National Health Freedom Coalition finds that:

1. Every individual has the basic right of self-determination and the right to make their own personal choices in the process of healing. Each individual person is ultimately responsible for securing their own health and well being and making decisions to that end.

2. In order to have the right of self-determination, in the fullest sense of the word, every person has a constitutional right of access to any healing or health care practitioner, treatment, or information source they desire. This right remains, whether or not treatment options are generally accepted, well known, recognized, or researched, and regardless of a practitioner's education, training, and experience.

3. There is a broad range of types of health care practitioners and healing modalities and treatments available, be they conventional or nonnconventional, holistic, integrative, natural, or culturally specific, and many of these have provided people with profound healing effects. The individual has the ultimate responsibility for assessing whether a particular treatment or practitioner has been or is likely to be beneficial to them in their healing process.

4. Studies indicate that consumers are placing increased reliance on nonconventional healthcare providers and healing modalities to avoid the excessive cost of conventional medical services and to obtain more holistic consideration of their needs.

5. The role of the government in healthcare is to protect citizens from harm, and at the same time to protect citizen rights to individual choice and autonomy.

6. The basic right of self-determination dictates that regulations are not to be imposed that impact consumer individual rights unless they are clearly required for the safety and well being of citizens. If regulations are imposed, the following criteria should be used: 1) necessity to protect the safety and well being of citizens, and 2) use of the least restrictive means of regulation possible.

7. The least-restrictive means of regulation, balancing the role of the government to protect individuals from harm with the role of the government to protect individual autonomy and choice, should be founded on principles of a consumer informed environment and clear avenues of consumer recourse for complaints.

8. Consumers benefit from, and deserve to have, truthful information in order to make informed choices regarding their healthcare. For example, a consumer benefits when a practitioner is required, before treatment begins, to give disclosure to the consumer regarding the method of healthcare they provide and their training and experience in the health care they practice.

9. Consumers benefit from having accessible places to direct their complaints and deserve to be supported in their expectation of receiving ethical treatment and truthful information. For example, if a person has been harmed or put in the position of imminent risk of direct harm by a modality or a practitioner relationship, the government should have in place a mechanism for consumer complaint and clear grounds for disciplinary actions to correct the situation.

Re: State Occupational Regulation

10. The use of state licensure, registration, and certification to regulate health care occupations is not the least restrictive means of regulation and can negatively impact consumer options when used as the sole means of regulation. In fact, licensure is the most restrictive type of regulation, utilizing the broadest sweep of police power possible for occupations. Licensure laws typically describe an area of practice, demand particular types of education and training and use of exclusive titles for that practice, demand that the practitioner stay within the prevailing standard of care of the education and training mandated by the government for that practice, and then exclude all other persons from practicing in that area of healing.

11. Consumers are disempowered by states that only use the most restrictive means of regulation and do not provide an additional form of regulation that protects consumer options. Health-care regulations that are exclusive, that bestow ultimate power on particular types of professional and delivery systems to the exclusion of others, and that limit available healing practitioners and treatments through enforcement of exclusive and restrictive occupational laws, decrease consumer options in health care and infringe on the individual's basic right of self-determination to make choices.

12. Consumers are empowered by states that use additional least-restrictive means regulations that ensure all practitioners the right to practice and the right to use the full range of treatment methods. These states maximize consumer choice and protect the right of self-determination of the individual to make informed decisions about their health and acknowledge and respect consumer needs for meaningful information and reasonable practitioner/client relationship expectations.

13. There are recognized problems that occur when a state attempts to use exclusive and restrictive occupational regulation for nonconventional, holistic, integrative, natural or culturally specific types of healing practices:

    a. Education: Government-mandated educational standards for the multidisciplinary and the broad domain of healing arts can be misleading and unrealistic and can decrease consumer access to practitioners that do not abide by governments' mandates. Attempts

to regulate may involve setting arbitrary numbers of classroom hours at selected types of educational institutions with the receipt of conventional types of degrees, but many forms of natural healing cannot be confined to traditional learning environments or classroom or textbook training. Practitioner effectiveness may depend on inherent giftedness in the healing art. Skills may be acquired by mentoring with an individual, self-study, or other unconventional methods. Attempts by the government to quantify effective preparation needed for a particular healing art may restrict the pool of practitioners and may only serve to eliminate some of the most effective healers. Government mandates may miss some of the more intuitive or spiritual dimensions of healing skills which may not be easily defined or tested.

* Governments should allow practitioners to practice regardless of their education and training as long as they practice within reasonable conduct guidelines and provide consumers with an informed environment. This will ensure maximum consumer options.

b. Innovation: Regulation that restricts health care practice to one group and to one standard of care can decrease incentive for innovation. The healthcare field needs healthy competition in the market place and needs the freedom to expand and develop as understanding of healing grows.

* No restrictions should be put in place regarding dissemination of new ideas and information if there is no imminent risk of harm and there is an informed consumer environment.

c. Preservation of Knowledge: Health care regulation must always safeguard against the elimination of age old wisdom and knowledge of healing.

* Preservation of wisdom is accomplished only in a free and uncensored society.

d. Cooperation among Practitioners: Health care regulation that promotes turf battles instead of an interdisciplinary environment decreases the potential for cooperation and exchange of information among practitioners. Practitioners practice in fear of being charged with the practice of medicine without a license or in fear of losing their existing license for practicing outside of a defined scope.

* The least restrictive means of communication should be used to promote acknowledgment and acceptance among practitioners and promote professional coordination, cooperation and free flow of information.

e. Consumer Decision-making: Occupational regulations that limit consumer options take away important rights and motivations of consumers to decide their own healing path.

* Consumer decision making should be encouraged and regulation should support the fact that consumers that participate in their own health care decisions thrive more and have better health outcomes.

Re: Federal Regulations of Communications, Products, and Devices:

14. Federal regulation of communication, drugs and devices is not the least restrictive means of health care regulation and can negatively impact consumer options when used as the sole means of regulation. For example, the federal definition of a drug is the most restrictive type of regulation possible for health care products. Federal law defines drugs broadly to include any article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease. Substances that are defined as drugs cannot be used without FDA approval and the approval process involves lengthy expensive studies economically prohibitive for the general public. This law puts an unreasonable burden of proof on the public and outlaws the use of all healing agents that have not been proven safe by the government, even when there is no documented imminent risk of harm and even when the consumer is properly informed. This drastically reduces consumer options and choice of treatments.

15. The Dietary Supplement Health and Education Act is a strong positive reform of the Federal Food, Drug, and Cosmetic Act that protects the right of access of consumers to safe dietary supplements used to promote wellness.

16. The DSHEA amended the definition of food to include dietary supplements; however, the definition of drug remains and has yet to be reformed. This reform is needed to secure the maximum number of options for all consumers.

In Summary:

I. State and federal governments must be vigilant during health care reform to preserve the balance between government regulation and an individual's right of self determination and right of choice.

II. Existing regulatory health care statutes should be reviewed and revised to acknowledge and promote the use of the broad domain of healing arts and trades in a nonexclusive manner by all consumers and by all professions both licensed and unlicensed, thus creating the widest range of choices for consumers.

III. A regulatory framework should be utilized that embodies the least restrictive means of regulation, and that provides an informed consumer environment and a system for consumer recourse in the event of a complaint. For state regulation, The Minnesota Complementary and Alternative Health Care Freedom of Access Act of 2000 can be referred to for conceptual planning. For federal legislation, bills amending the definition of the word drug can be reviewed for conceptual planning.

IV. Government should look to the future and create laws that allow for the greatest amount of innovations and that ensure freedom of consumer access to all health care options.

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Susan Bonfield Herschkowitz

*1741 Lanier Place NW * Suite 24 * Washington, DC 20009*
202/387-5233

Oral Testimony of
Susan Bonfield Herschkowitz

White House Commission
on Complementary and Alternative Medicine Policy

Unites States Department of Health and Human Services
Washington, DC

February 23, 2001

My gratitude to the Commission for giving me this opportunity to speak. I used an innovative chiropractic method, called Directional Non-Force Technique, and acupuncture to cure chronic obstructive pulmonary disease, vertigo, allergies, hyperthyoidism and Bell's palsy. Natural medicine enabled me to survive and speedily recover from a recent, life-threatening medical crisis during which physician prognoses were extraordinaily grim: brain damage, permanent physical disability, even death.

It is welcoming that conventional physicians are beginning to embrace and even be trained in natural medicine. However, it is extremely misguided if the conventional medical community sees natural therapies through the prism of conventional medicine. There are major differences between the two that must be acknowledged and incorporated into current and future approaches to our nation's health care:

* **Natural medicine is not one size fits all medicine**. Unlike conventional medicine, natural medicine tailors remedies and treatment specific to each individual patient - using information provided by the patient's body.

* **Natural medicine does not treat just a disease**, but examines and treats the patient's entire body. Conventional medicine only looks at the specific disease and the specific part of the body affected by that disease.

* **Natural medicine heals the body through a process that occurs over time** because it taps the body's own abilities to heal. This process requires patience from the patient.

* **Natural therapies are most effective when used in partnership with other natural therapies**, especially in patients with troublesome or chronic medical problems. This partnership enhances the ability of each therapy to succeed in its healing task, and strengthens the body with more natural healing tools.

* **Natural medicine is far less experimental than conventional medicine.** There are no invasive procedures used **on** the body or experimental drugs tested **in** the body. The human body provides the clues of a disease and solutions to its treatment.

* **Natural medicine is low-tech, and, therefore, less expensive** than conventional medicine. It only appears to cost more because it is rarely covered by health

insurance.

* **Natural health providers trained in Western herbs have the ability to pre-test the safety and effectiveness of herbal remedies** through non-invasive, painless and simple techniques that use the patient's own energy. Unlike conventional medicine, an herb does not have to be ingested to discover whether it is safe and effective.

Unfortunately, the conventional medical community remains skeptical and dismissive of natural medicine's benefits. The Commission can erase this skepticism by becoming energetic partners with natural health care providers and their respective professional associations during its deliberations. Natural medical experts have the knowledge and skill needed by the Commission to complete its work. Their professional associations work diligently to develop standards of training and care. The Commission would serve its purposes more effectively and wisely by tapping into this wealth of experience.

Thank you.

Susan Bonfield Herschkowitz

*1741 Lanier Place NW * Suite 24 * Washington, DC 20009*
202/387-5233

Testimony of
Susan Bonfield Herschkowitz

White House Commission
on Complementary and Alternative Medicine Policy

Unites States Department of Health and Human Services
Washington, DC

February 23, 2001

My gratitude to the Commission for giving me the opportunity to share with you my personal experiences with alternative and natural medicine.

The first day of the rest of my life arrived October 29, 2000. On that day, for the first time in nearly 14 years, I took my first full, deep, complete and normal breathe of air. On that day, my chronic obstructive pulmonary disease ceased to exist.

Let me state most emphatically and unequivocally: **alternative and natural medicine saved my life**. Not once, but twice. Without alternative and natural medicine, I would have faced the following prospects, both quite unappealing to me: 1) an extremely poor quality of life where I would be unable to perform minimally any activities of daily living despite use of multiple conventional prescription medications; and, 2) death at an age far earlier than I would have preferred. Without alternative and natural medicine, I might have met the extraordinarily grim prognoses expected by conventional physicians during a more recent grave, life-threatening medical crisis.

My experience with alternative and natural medicine has nothing to do with miracles. It is, however, a fascinating journey into the intricacies of the ultimate machine we call the human body, a journey that for me has been tedious, educational, rewarding and, ultimately, life-saving.

Curing COPD, Vertigo, Allergies And Other Medical Problems

On November 30, 1986 I developed what the medical community calls "chronic obstructive pulmonary" disease, also considered an "autoimmune disease" or a "dysfunction of the autoimmune system". In short, I developed the most severely disabling asthma that an asthmatic can have. I had been away on business for over three months and had subleased my apartment. Unfortunately, my subtenants did not take good care of my apartment. When I returned home from my travels, I had a massive allergic reaction to the mess they left behind and to the cleaning agents I used to clean my apartment.

Before I stepped through the door of my apartment on that fateful day, I was an energetic and athletic woman. After this massive allergic reaction, I did not have the pulmonary capacity to walk - even crawl - across a room. Performing any activity or task of daily living was simply out of the question. My lungs were filled continuously with mucous common in asthmatics. Additionally, I had to contend with typical asthma attacks, which only exacerbated my already debilitating medical condition.

Accompanying this severe asthma was equally disabling back problems. Despite growing up with a slight double scoliosis, I was quite athletic and I never had back problems until I was stricken with this chronic obstructive pulmonary disease. But, as I would discover in my journey with alternative and natural medicine, my slightly twisted spine would be the backbone to the causes of my disease and to my recovery.

Soon after I became ill, I sought the medical assistance of two conventional physicians, one here in Washington, DC, and my trusted doctor in New York, who was my personal physician when I lived in that city. My New York doctor, whom I admire and respect, is also a pulmonary internist, and an expert on diseases that affect the lung. After examining me and prescribing additional medications to those previously prescribed to me, my New York doctor could not believe that with asthma so life-threatening I had not been hospitalized for this condition. He also stated to me that I would be on prescription medications for the rest of my life. I remember so clearly my intense, visceral reaction to his statement. I knew there had to be a better way. I had no intention of being on medications for the rest of my life, drugs that would do little to improve or restore the quality of my life.

Here is a list of medications prescribed to and used by me on a daily and regular basis: inhalers, including Proventil (albuterol), Atrovent (ipratropium bromide), Intal (cromolyn sodium), and Asthmacort (a steroid); and oral medications, including Theo-Dur (theophylline), Proventil (albuterol) and prednisone (a steroid). These powerful medications were one standard regimen prescribed by conventional doctors for an asthmatic with my severe symptoms.

Despite use of all these medications, I still could barely walk across the room. My pulmonary function did not improve all that much. Having anything close to my normal life was out of the question. I had no choice but to take a leave of absence from my personal and professional lives.

An unexpected event changed my circumstances. In February 1988, my car was struck by another car. Once again my life would change. To treat the subsequent injuries from the accident, I returned to my chiropractor, who practices a very innovative chiropractic method called Directional Non-Force Technique (DNFT). Several months before the accident, I sought treatment from the same chiropractor for my asthma and back problems. I did not experience much progress in my treatments at that time. For some unknown reason, however, the additional physical trauma caused by the accident triggered my body to respond differently to my chiropractor's care.

Let me briefly describe the uniqueness of Directional Non-Force Technique chiropractic care. Developed over 60 years ago, DNFT uses a leg reflex and leg measure to detect and check the presence, location and direction of nerve interference and "subluxation", or misalignment. To use DNFT language, a gentle thumb thrust then is used to correct or "adjust" this misalignment. This technique allows the body itself to identify misalignments in vertebrae, ribs, muscles, discs, cranials, soft tissues, extremities and some ligaments. The chiropractor adjusts only what the leg reflex identifies or "shows up" in the patient's body. There is no twisting, jerking or cracking of the spine.

For most patients with more simple, localized neck or back problems, DNFT quickly can eliminate those problems in a few visits. However, my medical problems are far more traumatic and complex than the typical DNFT chiropractic patient. As a result, my DNFT experiences have been more challenging and long-term. As I describe further, those experiences have been powerful and overwhelmingly successful. Having used other chiropractic methods in the past, I consider DNFT to be the most gentle and effective chiropractic technique being practiced today.

In my 10th grade biology class I learned how the skeleton is one critical element of the human body. It was the structure through which all the body's biochemical and nervous systems networked and to which all the muscles and ligaments were attached. Just like a machine with multiple gears, both simple and complex, all of the body's functions work at their optimal best when the skeleton is aligned properly. And like a machine that does not work or works less efficiently when some of its gears are out of alignment, the human body reacts similarly when the skeleton is not aligned properly. Disease is the result of this inefficiency.

Within six weeks of my return to my DNFT chiropractor, I no longer needed most of my medications. In those six weeks, my body began to reject outright the more serious medications, particularly the harsh oral medications. With guidance from my conventional doctor, my doses of those medications were reduced and eliminated in those six weeks. The only medications I continued to use were two inhalers: Proventil and Intal. However, normal pulmonary function had not returned.

Then in October 1990, I faced yet another medical problem. I suddenly developed vertigo.

Once again a Washington, DC physician treated me for the vertigo by prescribing a Transderm Scop (scopolamine) patch. After three months of treatment, this physician suggested to me the following: 1) I may have a brain tumor; and 2) my back problems were a figment of my imagination. Once again, I had that intense, visceral reaction that instinctively said "no way".

It was then I discovered acupuncture and its amazing power to heal.

Several years earlier I had clipped and saved a Washington Post article describing a highly-regarded Washington acupuncturist, familiar to many Washingtonians, who used Chinese medicine to treat recovering addicts and AIDS patients. Once clipped, the article remained pinned in a prominent location on my office bulletin board.

Feeling I had absolutely nothing to lose, I called this acupuncturist and explained my situation. He said he could help.

I began my first acupuncture treatment in early January 1991. The results were more than impressive: for the first time since that fateful November day in 1986, I felt a buoyancy in my lungs I had not felt in over four years. I knew I had found another part of the puzzle to my complete recovery, a perfect partner for the continuing DNFT chiropractic care I was receiving.

For a new patient, it takes approximately six acupuncture treatments to affect the symptoms of a disease. After six weeks of acupuncture treatments, I decided to take the plunge and remove the Transderm Scop patch infusing me with the vertigo medication.

The physician who treated me for the vertigo neglected to share with me a critical piece of information about Transderm Scop: it was an addictive medication. Not knowing the addictive qualities of scopolamine left me totally unprepared for my body's response when I eliminated the medication: I experienced all the nausea, cold sweats and other wickedly unpleasant symptoms commonly associated with drug withdrawal. Needless to say, I was stunned and quite furious that I was going through drug withdrawal. It should not surprise you that, since this experience, I have never recommended this particular physician to anyone.

At this point, the journey to my recovery took a new direction.

As I mentioned earlier, DNFT chiropractic uses a unique method to identify and correct nerve interference and misalignments in the body. And the body tells the chiropractor what needs to be adjusted. Immediately after I recovered from the drug withdrawal, my chiropractor identified numerous misalignments in my neck and spine that previously had not "shown up", as it is termed in DNFT. After correcting these misalignments, my vertigo disappeared. Two weeks later I again experienced more vertigo. I visited my chiropractor, she identified some new misalignments in my neck and spine, and once again corrected them. I have not had vertigo since.

Several months later, my acupuncture treatments became more aggressive, with extensive treatment specifically for the back (using a technique called "back-shu", which places the needles two fingers width away from the spine) and lung, with additional attention paid to kidney, spleen, liver and heart points. The aggressive acupuncture treatments accelerated the progress in my DNFT treatments, when, in July 1991, my chiropractor found my lumbar vertebrae twisted in an unusually odd and unexpected direction. This big event would be the first of a series of major skeletal changes that would typify and mark the pattern of my recovery. By November of that year, the entire left lobe of my lung returned completely to normal function.

As I continued aggressively with both the acupuncture and DNFT chiropractic over the ensuing years, my lung function returned to normal in a very specific, consistent pattern throughout my recovery. When it did occur, the area of my pulmonary system that returned completely to normal was always 50% of the area that remained obstructed with the COPD. Once a section of my lung returned to normal, I no longer experienced any chronic obstruction or asthma in that section. When my chronic asthma was exacerbated, the exacerbation affected only the area of my pulmonary system that remained in the grips of the COPD. Sections of my pulmonary system returned to normal in: November 1991; October, November, and December 1992; February 1999; September 1999; and, lastly, twice in October 2000. Shifts in my lumbar vertebrae were critical to my pulmonary function returning to both right and left lobes and most of my trachea; shifts in my cervical vertebrae (C1, C2, and C3) were key in pulmonary function returning to the upper right side of my trachea.

The path I followed to cure my chronic obstructive pulmonary disease also has had some unexpected, yet positive consequences for me. I used to suffer terrible allergies during those peak Spring and Summer seasons of flower and tree growth. Now I watch other people suffer while nary a sneeze, stuffy nose, or scratchy throat have I. Environmental triggers that once exacerbated my COPD (for example: smoke, certain weather conditions) are no longer problems. In fact, I relished the Arctic cold air that visited Washington during the first half of this winter - when I had COPD, I had to avoid going outside in winter weather. Now, I can breathe deeply and easily in single digit temperatures. For 21 years, I would suffer from severe bronchial infections once or twice a year. Except for three bronchial infections that developed in 1999 as a direct result of a serious, lengthy hospitalization (and for which I used high doses of Vitamin C to treat successfully the second and third of these infections that developed), I have suffered only one bronchial infection since 1989. I have used my alternative and natural health care providers to cure not only the COPD and vertigo, but to treat successfully bouts of hyperthyroidism, Bell's palsy and severe sinusitis (I added homeopathy to my program at the time I developed the sinusitis, when conventional medicine failed once again to help me).

Conventional medical wisdom about asthma dictates that asthmatics, among other actions, remove animals from the home and dairy products from the diet. I am a cat owner of over 25 years. My cats only triggered asthmatic reactions during three specific incidents since I developed chronic obstructive pulmonary disease. The last of these reactions occurred in October 1997. In response, I spent three days on a homeopathic animal desensitivity remedy, and my asthmatic reactions ceased. For the most part, my cats and my asthma have lived together quite harmoniously during this time in

my life. Additionally, I never had any asthmatic reaction to dairy products, and, until a brief period again in October 1997, I was an active yogurt and cheese eater. In that month, I suffered my first asthmatic reaction to yogurt, and I again immediately sought assistance from my homeopathist. She prescribed for me a homeopathic dairy desensitivity remedy, which I used for 10 days. Since that time, I again eat yogurt and cheese daily without any asthmatic reaction.

Aware that changes in my spine played a critical role in my recovery, one of my acupuncturists began to treat me in September 1998 with a different, more aggressive acupuncture technique to boost my healing process. This 2,000 year-old technique, called "jia-ji", has the acupuncture needles placed onto points directly alongside the spine. For me, these points tend to correlate with the most troublesome areas of my spinal curvature. The impact of the jia-ji on the DNFT chiropractic work was startling, significant and overwhelmingly positive, so much so that I regret not having started the jia-ji technique at the beginning of my journey with alternative and natural medicine. I continue the jia-ji treatments today, as jia-ji, partnered with the DNFT chiropractic, is helping to resolve my remaining, non-COPD medical issues.

Surviving A Life-Threatening Medical Crisis

In October 1999, I experienced an unexpected and grave medical crisis. I had a severe allergic reaction to a Chinese herb formula. This reaction triggered an asthma attack in the very small area of my trachea, which, at that time, was the remaining section of my pulmonary system still affected by the COPD. After going into respiratory arrest, I was placed on a respirator (on which I was kept for over 12 days) and medically paralyzed. I was in a coma for over five days. Physician prognoses were extraordinarily grim: if I did not die, I could be brain-damaged, and I might never fully regain my ability to function physically.

Needless to say, I simply failed to meet these grim expectations - and I credit my long-time use of DNFT chiropractic and acupuncture for my survival of and extraordinary speedy recovery from this life-threatening medical crisis. At the time I entered the hospital, my COPD was limited to the top eighth of my trachea on the right side - as a result, only a tiny area of my pulmonary system was affected directly by this allergic reaction. My natural approach to my health care, plus my healthy diet and extensive use of vitamins, has given me an immune system that would be the envy of the entire conventional and alternative and natural medical communities. As a result, I not only was able to survive this brush with death, but the speed of my recovery absolutely astounded the conventional physicians treating me.

After seven weeks of hospital stays, including time recovering at a rehabilitation hospital where I had to learn how to walk, talk and perform activities of daily living all over again, I returned immediately to my alternative and natural medical providers to assist in my post-hospitalization recovery. In fact, I wisely expanded my use of DNFT chiropractic and acupuncture to include massage therapy and aggressive homeopathy. The use of all these therapies significantly accelerated my post-hospitalization recovery, which included a fine motor skills physical therapy program and voice therapy.

The hospitalization aggravated significantly my slight double scoliosis, causing great discomfort and affecting my ability to walk normally. Fortunately, in about two and one-half months, the DNFT chiropractic restored my spine to the condition it was in prior to my hospitalization.

Massage therapy and a homeopathic lymph remedy enabled my body to eliminate uric acid crystals, fibrous tissue and inflammation that developed in my muscles as a result of being bedridden.

Homeopathic remedies cleansed my liver, brain and body of the effects of multiple x-rays and harsh medications given to me by the conventional doctors. Homeopathic remedies have been used to treat successfully other medical issues resulting from my hospitalization, including but not limited to: memory problems, severe eye strain and voice difficulties. I also am using homeopathy and acupuncture to attack metabolism problems I have developed as a consequence of the severe, unplanned and speedy weight loss that occurred during my 2 1/2 weeks in the intensive care unit, which shocked my metabolism into disarray.

Prior to my hospitalization, I had mild temporomandibular joint "disease" (TMJ) on the right side of my jaw, which I had expected to be resolved easily and effortlessly through my use of DNFT chiropractic and acupuncture. Occasionally my jaw on the right side would lock, but eventually my jaw would resume its ability to open fully and easily, so there was little impact on my ability to eat, brush my teeth, even yawn.

More than 12 days on a respirator changed all that: immediately after I was extubated, my jaw completely locked on both sides. Eating food and brushing teeth - even yawning - became quite a challenge. My voice was affected: not only did the intubation impact my vocal chords, but the severe lockjaw tensed muscles involved with the vocal chords. As a result, my voice was limited in its tone and range.

Once again, this severe lockjaw is being cured by my alternative and natural medical providers. Continuing with the DNFT chiropractic, I have expanded my acupuncture treatments to both left and right sides of my jaw and neck. Although I am still plagued by the severe lockjaw, I now can open my mouth enough to eat food and brush my teeth. My complete vocal range has nearly returned, and its tone has improved (although it wavers in its quality). I am hopeful that these problems will be eliminated sometime this year through my DNFT chiropractic and acupuncture treatments.

Acknowledging The Differences

It is welcoming that more conventional medical providers are beginning to embrace alternative and natural therapies. And more conventional physicians are being trained as alternative and natural medical providers. However, it is extremely misguided if the conventional medical community, especially those who are untrained and/or misinformed, sees alternative and natural therapies solely through the prism of conventional medicine. There are major differences between these two forms of medicine that must be acknowledged and incorporated into current and future approaches to our nation's health care:

* **Alternative and natural medicine is not one size fits all medicine**. Unlike conventional medicine, alternative and natural medicine tailors remedies and treatment plans specific to each individual patient - using information provided to the practitioner by each patient's body. For example, a treatment plan for one asthmatic patient may differ greatly from a treatment plan for another asthmatic patient; the treatment plan for one lupus patient may differ greatly from another lupus patient, etc. In conventional medicine, the treatment plan is dictated solely by specific protocols - not the individual uniqueness of a each patient's body. The drugs and/or procedures used in these protocols are considered effective (usually for managing disease) only after extensive, experimental, invasive testing upon human subjects. A tested drug or procedure is deemed effective only if a large population or majority of the subjects tested showed improvement. The individuality of each patient is not incorporated into

conventional medicine and its testing protocols.

* **Alternative and natural medicine does not treat just a disease**, but examines, considers and treats the patient's entire body (considered a "holistic" approach). Alternative and natural medicine considers a wide range of functions and organs within the human body that could have an impact on the initial medical problem the patient wishes to be addressed. Conventional medicine does not do this, but only looks at the specific disease and the specific part of the body (organ, gland, etc.) affected by the disease.

* **Alternative and natural medicine heals the body through a process that occurs over time**. Conventional medicine currently manages disease through medicine and/or surgery, and conventional medical providers always are seeking that "magic bullet" or "magic pill" to cure the problem. Conventional medicine encourages impatience - patients want that pill or procedure that will solve (or manage) the problem immediately. Since alternative and natural medicine taps the body's own abilities to heal, its healing process takes more time - and requires more patience from the patient.

* **Alternative and natural therapies are most effective when used in partnership with other alternative and natural therapies**, especially in patients with troublesome or chronic medical problems. A partnership of alternative and natural therapies creates a powerful synergy that enhances the ability of each particular therapy to have a greater impact on the patient's body and succeed in its healing task. Such partnerships provide the body with more natural healing tools, which strengthens the body's ability to recover from disease.

* **Alternative and natural medicine is far less experimental than conventional medicine,** as there are no invasive procedures used **on** the body or synthesized, experimental drugs to be tested **in** the body. Alternative and natural medicine relies upon the entire human body for the clues of a disease and solutions to its treatment.

* **Alternative and natural medicine, since its taps the human body's own capabilities to heal, is quite low-tech, and, therefore, less expensive** than conventional medicine. Alternative and natural medicine only appears to cost higher than conventional medicine because it is rarely covered by health insurance and involves a process of healing, rather than that "magic bullet".

* **Alternative and natural medical providers trained in the use of Western herbs have the ability to pre-test the safety and effectiveness of herbal remedies upon a patient**. Conventional medical patients are required to ingest experimental or researched medications before knowing whether or not such medications are safe and effective (for managing the symptoms of a disease). These medications are considered effective only if a large percentage of the human subjects participating in invasive experiments show improvement in their symptoms. This differs from the approach to Western plants and herbs used by practitioners of naturopathy and homeopathy. These providers have developed non-invasive, painless and simple techniques that use the body's own energy to pre-test the safety and effectiveness of every plant and herbal remedy available. The patient does not have to ingest an herbal remedy to discover whether or not it is effective. While the medical analytical literature on Asian herbs is far more extensive and detailed than Western herbs, it is imperative that such pre-testing techniques be incorporated into practitioners who distribute Asian herbs to their patients.

My resounding success using alternative and natural medicine demonstrates its remarkable and potent power to battle autoimmune diseases and other chronic and common medical disorders. The conventional medical establishment says that chronic obstructive pulmonary disease cannot be cured, but only managed with medication; I am a living, breathing example that explodes that attitude. Based on my experiences, I am confident that millions of people afflicted with autoimmune diseases including (but not limited to) diabetes, arthritis, Crohn's, lupus, fibromyalgia, as well as migraines, some fertility problems, depression, carpal tunnel and repetitive stress syndrome, morning sickness, allergies, stroke, Parkinson, multiple sclerosis and many other medical problems can be treated successfully or the patient's discomfort can be eased through a partnership of alternative and natural medical disciplines. Do not exclude cancer from these lists - I have spoken to and read about people who have used alternative and natural medicine to stem cancerous growth, with some becoming cancer-free. The possibilities of success with alternative and natural medicine is vast and largely untapped.

Unfortunately, the conventional medical community remains skeptical and even outright dismissive of alternative and natural medicine's benefits. Frankly, those attitudes, along with common conventional medical strategies that treat disease through medications and/or surgery, provide the greatest disservice to the patients conventional doctors treat. Conventional medical providers, for the sake of their patients, must reconsider these attitudes.

The Commission can erase this skepticism by becoming enthusiastic and energetic partners with alternative and natural health care providers and their respective professional associations during the Commission's deliberations. Alternative and natural medical experts have the specific knowledge and skill needed by the Commission to complete its work. Their professional associations work diligently to develop standards of training and care. The Commission would serve its purposes more effectively and wisely by tapping into this wealth of experience.

Finally, our nation's health care system, as it is designed currently, fails individuals like me who battle illness, especially chronic illness. I am not wealthy financially, and, as a single head of household, my sole income level makes me ineligible to participate in health care programs for the poor. As a result, I have mortgaged my future financial health to cover the obscene costs of my health care and other expenses incurred during my incapacity. For many years prior to my hospitalization, as an individual who does not qualify for any group coverage, I paid nearly $700 per month for health insurance, a cost that increased 43 percent after my hospitalization. Now my health insurance company has placed me in a program that imposes more coverage restrictions and provides fewer benefits, the effect of which has increased even more my out-of-pocket health care costs. Over the past several years my health insurance company has reduced significantly my chiropractic benefits. None of my acupuncture and homeopathy is covered by my health insurance. Recent, constructive health care reforms passed by Congress have failed to address the health care needs of citizens like myself, and we number in the millions. Congress must make a more vigorous and dramatic effort to make all forms of health care affordable and accessible to all citizens.

I wish to convey my profound thanks to the White House Commission on Complementary and Alternative Medicine Policy for holding this inquiry on alternative and natural medicine. This hearing serves as an opportunity for the public, medical practitioners and policymakers to understand and appreciate: 1) the valuable contribution of alternative and natural medicine to improving health care quality and individual health; and, 2) the integration of alternative and natural medicine into our health care system. More education about, research on and access to alternative and natural medicine can alleviate the suffering of millions of ailing individuals who, through conventional medicine, have been given little hope and too many powerful prescription drugs or unnecessary surgeries. I stand ready to assist the Commission's efforts in this endeavor. Thank you.

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Remarks of Michele Forzley, J.D.
to
The White House Commission
on
Complementary and Alternative Medicine Policy
Washington, D.C.
February 23, 2001

The Commission has an opportunity in its policy recommendations in the area of education and training to accomplish many goals. First and foremost, I urge that it recommend that a system be developed to harmonize guidelines to be followed by states and professional associations in the development of legislation and requirements for education and training of CAM providers. As a consequence, the Commission will take a giant step towards harmonized licensing and credentialing standards.

Currently, there are conflicting educational standards between states and countries outside the US and in the case of several modalities, no standards. The conflicts lead to some modalities being legislated out of existence, such as recently occurred in Maryland with massage therapists versus other touch healers. Another problem lies with the lack of cohesion and capacity amongst practitioners to politically articulate on their behalf. This is so either while a legislature or administrative body is considering a rule or when it becomes desirable to posture to develop applicable rules such as the case when one modality needs to be distinguished from another.

In addition to the benefits a system of harmonized education and training guidelines will offer the world of CAM, there is indeed a larger community that will benefit from this work. That community is the world of all health care professionals who face differing requirements from state to state and from country to country. While you may be thinking that this is not a problem, I would suggest you consider the practice of telemedicine, made possible through technology. There is no national system to ensure that physicians and other health care practitioners are able to practice across state and lines through the medium of telemedicine. Also, we should not forget the geographic areas of the US, such as DC metro, where it is almost impossible to not cross state lines in a practice, whether telemedicine or not. I might add this issue is not unique to health care. It beleaguers lawyers too.

Models do exist on how to bridge conflicting state and national rules and the equivalencies integral to the process already exist. The first model is European Council Directive 92/51 and amendments, which in 1992 began the European wide system by which the education for all trades would be recognized by neighboring states. Coincidentally, the Directive was specifically determined to be applicable to practitioners

of complementary and alternative medicine in November 1998.

The second model is the International Treaty on Telemedicine, for which I am one of the drafters, as a member of the International Bar Association Committee 2. The treaty is now being considered by the World Health Organization and establishes a harmonized system to recognize educational and licensing standards across national lines.

The third item is a tremendous body of work, which identifies the equivalencies in education and training. Alternative Link, Inc has done that work. There is no need to see how differing state rules can be compared. That is done. The Commission need only determine the rules it wishes to recommend.

Lastly, I refer the Commissioners to the Business Model Pilot Study I reported in my written remarks for December 4, 2000. That study reported that the basics of business should be at least an elective in coursework for all practitioners. As a result of that finding, my office has developed a curriculum which is being tested in Boston on March 15, 2001 and a similar element has been added to the program this August 4 on CAM law and business issues at the annual meeting of the American Bar Association.

For further information, Michele Forzley may be contacted at 301-565-1693 or mforzley@tiac.net.

Biography of Michele D. Forzley, J.D.

Michele Forzley is an attorney and business consultant with 24 years of experience, who focuses her practice on new directions in health care, shaping health care policy and practice, alternative and complementary medicine, international health law and public health issues and health care business practices. She also is an international business transactions lawyer and serves as independent general counsel to her client companies and institutions.

Michele is Vice Chair of the American Bar Association International Health Law Committee and Chairs the Committee on Complementary and Alternative Medicine (CAM) Law, which she founded. Michele edits the American Bar Association International Health Law News. She was a member of the International Bar Association Medicine and Law Drafting Committee on Telemedicine which authored the International Telemedicine Treaty, presented to the World Health Organization. She has also served as a Jessup International Moot Court Practice Judge.

She began The Center for Complementary and Alternative Medicine Law and Business in 1999, whose mission is to be a source of guidance and information on the legal, ethical, regulatory and business issues confronting the complementary and alternative medicine community. The Center does this through its web site, special projects, speaking and consulting services. The community includes all persons, governmental agencies, providers, regulators, patients, practitioners, and organizations who are involved in complementary and alternative medicine.

Michele earned her J.D. from New England School of Law and her B.A. in Sociology and Economics from Simmons College, both in Boston. She has studied private international law at the Hague Academy of International Law at the International Court of Justice in the Netherlands, Mind-Body Medicine and Spirituality and Medicine at Harvard Medical School and Health and Human Rights at the Harvard School of Public Health. She has been an adjunct professor at the Lubin School of Business at Pace University in New York and an adjunct professor of international business transactions law at New England School of Law.

Michele speaks, writes and consults worldwide on topics related to the changes in health care. She serves on one of the special international boards of the St. Jude Children's Research Hospital and has served on the boards of the Lower East Side Service Center and the Arab American Family Support Center; both healthcare organizations located in New York City.

3120 Lee Street
Silver Spring, MD 20910 USA
301-565-1693 tel * 301-565-1694 fax * mforzley@tiac.net

White House Commission on Alternative Medicine

Oral Testimony

By: Victoria Goldsten, ND, BSN, LMT

Hello. I am Victoria Goldsten, a Registered Doctor of Naturopathy, Licensed Massage Therapist, and Licensed Nurse in Washington, D.C. I also practice in the State of Maryland. I am here on behalf of Traditional Naturopathy across the United States. As Traditional Naturopaths or True Naturopaths we treat the human condition with naturally occurring substances such as homeopathics and herbs. In addition we use physical modalities such as our hands and voices in a variety of treatments such as guided imagery and acupressure.

It is important for the commission to know that Traditional or True Naturopathy does not cross the line into conventional medicine and prescribe conventional drugs or perform minor surgery as Medical Doctors and Naturopathic Physicians do. We as Naturopathic Doctors and Naturopathic Practitioners are strongly against this process for this is the job of qualified medical doctors.

The directors of the American Naturopathic and Holistic Association and the Washington Institute of Natural Medicine in the D.C. metro area, the College of Naturopathy in California, and the College of Metaphysical Studies in Florida also wish to convey to you that this is their opinion as well. The general consensus of traditional naturopathic schools and service organizations is freedom of choice by the consumer.

We, as Traditional or True Naturopaths have a strong commitment to health care. In this promotion of health care, it is extremely important that we continue to be afforded the right to continue our practice. In order for this to happen we respectfully request our federal government strongly support broad guideline in the educational licensing and professional licensing process. Educational licensing must allow for vocational schools, degree programs, and most importantly apprenticeship training in Naturopathy. It is of utmost importance that the apprenticeship component not be overlooked. This style of learning provides a hands-on component like no other. We would like to see this style of program not be eliminated and not be under the same stringent guidelines of higher educational facilities. Apprenticeship training creates affordable, safe, compassionate, and experienced practitioners.

Here in Washington, D.C. the educational licensing commission had forced an apprenticeship program in naturopathy to shut down based upon a newly enforced D.C. requirement that the program meet the same standards of vocational schools or colleges. At its inception the program was informed by the District that it could function under the exempt category due to its apprenticeship status. In the neighboring states of Virginia and Maryland, a friendlier approach has been adopted, allowing apprenticeship programs to fall under the exempt category. We wish to see these states as examples for all states across the nation. If overly restrictive licensure eliminates this apprenticeship component, affordable and accessible natural health care will not be available to all of those who need it and want it. If strict licensure eliminates this apprenticeship component the good of the general public will not be met.

Thank you

P.S. - Attached please find a description of Naturopathy and Holistic Health which will assist you in understanding our form of practice.

NATURAL HEALTH CARE

And

THE HOLISTIC AND NATUROPATHIC APPROACH

At the

WASHINGTON INSTITUTE OF NATURAL MEDICINE

3402 Connecticut Ave., N.W., Washington, D.C. 20008
(202) 237-7681

By

DR. VICTORIA GOLDSTEN, ND, LMT, LPN, BSN
Registered Doctor of Naturopathy
Licensed Massage Therapist
Licensed Practical Nurse
Bachelors of Science Nursing

THE HOLISTIC/NATUROPATHIC APPROACH

"The holistic and naturopathic philosophy is to nurture and nourish the entire person and to recognize the relationship between the mind and the body. Western thought has always regarded the mind and body as separate entities."[1] The holistic approach is not a substitute for conventional medicine. "The best care involves considering all options, including the traditional approach."[2] For that reason, holistic and naturopathic therapies are sometimes referred to as complementary therapies.

Examples of Holistic/Naturopathic Treatments:

Homeopathy	Herbology
Neural Therapy	Acupressure/Acupuncture
Massage Therapy	Touch Therapy/Laying on of Hands/Reiki
Visualization/Guided Imagery	Magnetic Therapy
Reflexology	Aromatherapy

HOMEOPATHY

Homeopathy is a system of treatment that uses plant, mineral and animal sources. It's preparation involves dilution and succussion of the substance. The substance is diluted with water and alcohol and then succussed. The succussion is a shaking of the mixture approximately 100 times. It is theorized by Naturopathic Doctors and Homeopaths that this dilution and succussion intensifies the power of the substance and eliminates side effects. In addition it is also believed that the succussion

causes the electrons of the atoms, contained in the substance, to go into a higher spin thereby intensifying the power of the substance.

"All homeopathics are FDA approved drugs. They are manufactured by pharmacies in the US and abroad."[3] They strictly follow the FDA regulations in order to be in compliance with federal law. Homeopathics treat many types of conditions and symptoms. For example asthma can be treated with anti-inflammatory and bronchial/lung healing homeopathics. Arthritis can be treated with homeopathics that reduce pain and stiffness.

The Washington Institute has Doctors of Naturopathy, Homeopaths, Holistic Practitioners and interns on staff for homeopathic consultations.

HERBAL REMEDIES

"Herbal Medicine is the practice of using the healing benefits of dried" and fresh "plants to treat illness. The medicinal use of herbs is one of the oldest forms of health and illness care. Treatment of modern day illnesses originate from the use of herbs in ancient times and has been handed down through the generations." These herbal treatments "for specific illnesses have been a part of each ancient culture" as they evolved. "Today, a sizable number of conventional medicines have been made by using" these ancient theories, ingredients, and formulas. "It is not surprising then that herbs work very similarly to conventional drugs. They may, however, be slower and less dramatic than the purified drugs or the synthetic ones made in a laboratory. This reduction of side effects on the body is one of the main attractions of herbal use. Any part of the plant can be used, from the roots to the leaves and flowers."

"Herbal preparations come in a variety of forms. For example, chamomile tea used at night time as a sleep aid, or echinacea in a liquid or capsules for the use in relieving flu's or any illness where stimulation of the immune system is important. Herbal remedies are particularly effective for the treatment of chronic illness as well as being used for self-medication with minor ailments, such as stomach upset, minor aches and pains, colds and skin irritations."[4]

Herbal remedies are generally safe but should be used cautiously. On occasion the client may be sensitive to the plant or the plant may have an interaction with a drug. Always check with your natural health care provider and your medical doctor if you have any concerns.

The Washington Institute has Doctors of Naturopathy, Herbalists, Holistic Practitioners, and interns available for herbal consultation.

ACUPRESSURE/ ACUPUNCTURE

Acupressure and acupuncture are practiced holistic treatments "that are more than 5,000 years old. Acupuncture is the insertion of very fine needles on the body's surface in order to influence physiological functioning of the body. Acupressure is performed with the use of finger or hand

pressure instead of needles. Both acupuncture and acupressure have a shared goal: to stimulate what Chinese medical practitioners call chi - the body's most basic healing energy."

"The principles of Chinese medicine has as its original text the nearly 4,000- year-old, Yellow Emperor's Classic of Internal Medicine. In that text, and over the next 2,000 years, Chinese doctors discovered a system of channels and points on the body that, if correctly touched or stimulated, would relieve pain and speed healing. The traditional Chinese doctors said these channels, called meridians, were disturbed - if the energy flowing through them was too slow or too fast, too turbulent or too static - the body's chi was said to be imbalanced. The goal of traditional Chinese medicine was to restore chi to a state of balance, and acupressure was one of its techniques."

"With complete health, energy will flow through the body freely like electricity is conducted through circuits. But, we all experience disease, injury and emotional trauma. There are environmental assaults, too such as air pollution and noise. You can also employ it to feel better mentally and spiritually."

"There are many diseases that can be treated successfully by acupuncture and acupressure. The most common ailments currently being treated are lower backache," arthritis, headaches, anxiety, allergies, muscle pain and spasm, depression, and addictions.[5]

The Washington Institute has licensed acupuncturists on staff for acupuncture treatments and Dr. Victoria Goldsten, ND, a licensed massage therapist, available for acupressure sessions. The institute also has shiatsu/acupressure practitioners and interns available for shiatsu/acupressure sessions.

MASSAGE THERAPY

"Massage therapy is one of the oldest methods" of natural health care practice. It "is the scientific manipulation of the soft body tissues to return those tissues to their normal state. Massage consists of a group of manual techniques that include applying fixed or movable pressure and holding and causing the body to move. Primarily the hands are used, but sometimes forearms, elbows, and feet are used also. These techniques can affect the musculoskeletal, circulatory-lymphatic, and nervous system. Massage therapy encompasses the concept of vis medicatix naturae - helping the body heal itself - and is aimed at achieving or increasing health and well-being. Touch is the fundamental medium of massage therapy."[6]

At the Washington Institute, clients requesting massage therapy will meet with their therapist prior to treatment to discuss history and complaints. It is recommended that the client come in approximately 15 minutes earlier than the scheduled appointment time to fill out forms related to history and symptoms. Upon completion of the forms the practitioner will ask the client what style of massage they prefer. Practitioners may use therapeutic ointments or oils topically depending upon the preference of the client. The client should notify the practitioner if they have any skin sensitivities. Along with the massage therapy session the practitioner

may burn aromatherpy oils or play soothing music if appropriate for the client. When oils are to be burned, the client should inform the practitioner if they have any respiratory allergies.

The Washington Institute has a Licensed Massage Therapist, Dr. Victoria Goldsten, ND, LMT on staff Monday through Friday, 9:30 am to 5:00 p.m. for massage therapy.

TOUCH THERAPY/LAYING ON OF HANDS/REIKI/BIOFIELD THERAPY

Touch therapies - "laying on of hands" - are "very old forms of healing. The earliest Eastern references are in the Huang Ti Ching Su Wen (The Yellow Emperor's Classic of Internal Medicine), dated between 2,500 and 5,000 years ago. The underlying rationales cluster around two views: first, that the healing force comes from a source other than the practitioner - God, the cosmos, or another supernatural entity - and second, that a human biofield directed, modified, or amplified in some way by the practitioner is an operative mechanism."

During a touch therapy session "the practitioner places hands directly on or near the" clients "body to improve general health or treat a specific dysfunction. Treatment sessions may take from 20 minutes to an hour or more; a series of sessions is often needed to treat some disorders. There is consensus among practitioners that the biofield permeates the physical body and extends outward for several inches. Extension of the external biofield depends on the person's emotional state and health. Biofield practitioners have a holistic focus. About 50,000 practitioners provide 18 million sessions annually in the United States."[7]

The Washington Institute of Natural Medicine has Touch Therapists/Reiki Masters available for 30 minute or one hour sessions. During a session the client lays upon a massage table in comfortable clothing, and in a comfortable position. The practitioner will softly touch the client or may work within their biomagnetic field above their body. The practitioner may use soothing music, tuning forks, or aromatherapy during the session depending upon the needs of the client.

VISUALIZATION THERAPY/GUIDED IMAGERY

"The earliest visualization techniques ever recorded are from Babylonia and Sumaria. Histories of all people, from ancient Egypt," Greece, "and Babylonia through the Middle Ages and right to modern times. It has been a cornerstone of many healing methods." These processes helped the client visualize themselves changing, healing, and being in perfect health. "Many of these early uses of visualization in healing were on a religious or mystical tradition, permeating the thought of the mystery schools." All had a belief in spirit and its power over mind, body, and matter. "They believed that matter was a manifestation of mind. Many modern thinkers express the same belief."[10]

Visualization and guided imagery "utilizes imagery, the natural language of the unconscious mind." This modality helps the client "connect with the deeper resources available to them" the subconscious mind. At the subconscious level of the mind the client is able to access the material of which the conscious mind is unaware. The client can then access the subconscious level of the mind to promote positive change.[11]

At the Washington Institute Doctors of Naturopathy and Visualization Therapists are available for visualizations sessions. Typically the first session is one and one-half hours. The client meets with the practitioner and discusses the area they wish to work on. Then the practitioner helps the client determine their personal goals. The client is guided through relaxation and then images are presented to help the client access change. Typically the practitioner will recommend three sessions. The first being the longest. The second and third are approximately one hour.

NEURAL THERAPY/MYO-FACIAL THERAPY

Neural Therapy is a technique that provides pain relief and aids in return of function and mobility. It is performed by licensed health care professionals such as nurses and doctors. These professionals are trained initially with their formal education and have added additional training in order to perform Neural Therapy. It originated with Dr. Huneke in the 1930's during his consolidation of knowledge of the Autonomic Nervous System. This therapy works on the autonomic ganglia (nerve groups controlling internal organs), peripheral nerves (nerves controlling the extremities, such as arms and legs), scars, glands, acupressure points, trigger points, and segmental points (nerve points controlling segments of the body).

Neural Therapy applies pressure with fingers, small metal devices, or wooden implements. It can also be done with insertion of small hypodermic needles. Also, magnets, low level laser, or electro-stimulation can be used depending on the skills and qualifications of the practitioner.

MAGNETIC THERAPY

"Magnetic therapy is the application of external magnetic fields on the human body for therapeutic benefits. Magnetic Therapy is not new, but it may be one of the most exciting discoveries of the decade for the Americas." This type of therapy is used for a variety of complaints such as: headaches, arthritis, inflammation, fatigue, insomnia, low melatonin and growth hormones, poor circulation, infections, degenerative diseases, toxicity, and wound healing.

Many people ask: How does magnetic therapy work? "Magnetic therapy works because of the electromagnetic nature of the human body. Functionally, the brain generates an electromagnetic current that controls every motor and sensory response in our body. Every cell in our body consists of electrically charged particles that are either positive or negative ions. We even have a significant gland in the crown of our head called the pineal gland, which has its own distinct magnetic field. All are directly affected by exposure to external magnetic fields."

"It is a basic law of physics (the Hall Effect, 1879) that a blood vessel which consists of positive and negative ions will expand when it crosses at right angles to a contrasting, alternating magnetic field. This effectively increases the circulation of blood and oxygen, which is one of the major rationales behind magnetic therapy. More recently the work of William Philpott, M.D. gave further credence to what is occurring with negative field penetration. His research strongly indicates that exposure of

the body to a negative magnetic field acts as energy activator on the oxidoreductase enzyme system to release oxygen from oxygen free radicals and at the same time acts also on the bicarbonate buffer system to produce alkalinity. This is very important in our understanding of the mechanics of magnetic therapy as the body performs at it's optimum in an alkaline/oxygenated environment" at the blood and cellular level.[12]

At the Washington Institute Magnetic Therapy sessions are available with Doctors of Naturopathy and Magnetic Therapists. Typically a magnetic therapy session lasts one hour. During a session the practitioner will place therapeutic magnets on the client in points known historically to assist in their complaint. The practitioner may also combine Touch Therapy and Aromatherapy with their treatment.

REFLEXOLOGY

"From ancient illustrations and artifacts we know the early Chinese, Japanese, and Egyptians worked on the feet and hands to promote better health. Reflexology, as it is known today, is a science and healing art based upon the theory that there are reflex areas, or specific points in the feet and hands that correspond to all the glands and organs in the body. The term "reflex" refers to the fact that these points are responsive to stimulus. Corresponding reflexes are located in the hands."

'The human body is divided into ten energy zones that run from the head to the toes. Every tendon, ligament, organ, muscle, bone, and brain cell is included in one of these zones, and every zone ends at the soles of your feet. Your feet, then, are like mirrors that reflect the entire body. The reflex points corresponding to specific body parts and reflexologists say that working these reflex areas with your thumbs or fingers can help relax those matching spots on the body."[8]

The Washington Institute has a reflexologist available for 30 minute or one hour sessions.

AROMATHERAPY

"While no one called it Aromatherapy until the late 1920's, aromatic plants have played an important role in maintaining health for several thousand years." Aromatherapy began in Egypt and was brought to us through a French aromatherapist Rene Gatfosse. His family owned a perfumery. One day while he was working he severely burned his hand. Trying to find the closest thing to water, to soothe his pain, he plunged his hand into a vat of lavender. Soon after he noticed how fast his wound had healed. This event caused him to ponder the rapid healing and he began studying the therapeutic values of oils.

Therapeutic oils are made from plants put through a heating process, distilling process or plants just soaked in a non-medicinal oil such a sunflower oil. Upon completion of the process the oils are used for their therapeutic values. They work on the body in many ways. "The most obvious is by stimulating the powerful sense of smell. Smells act directly on the brain. Scientific research supports the notion that smelling particular odors has a direct effect on brain activity. Brain wave frequency

studies show that smelling lavender increases alpha waves in the back of the head, which are associated with relaxation. An odor such as jasmine increases beta waves in the front of the head, which are associated with a more alert state."

Aromatherapy can assist in many conditions such as: sinus congestion, poor memory, anxiety, headaches, insomnia, allergies and bronchitis. Clients interested in treating such conditions should first consult with their natural health care provider as oils may cause an allergic or sensitivity reaction. For example: a client allergic to flowers may have an allergic reaction to lavender and those allergic to fruit may have a reaction to orange oil.

If aromatherapy is your choice in holistic health, you can simply add two to five drops of your favorite oil in your bath or place "a couple drops of essential oil on a scent ring, which sits on a light bulb. A longer-lasting way to scent a room is with an aromatherapy lamp" or pot. In this pot, a few drops of your essential oil is mixed with water and is heated with a candle or electricity. Aromatherapy defusers are also available "which reduces essential oils to a fine spray and disperses the scent throughout the room. These are sold in some health food stores" or bed and bath shops.

Essential oils can also be used topically for treatment. "Unlike mineral oils which hang on the skin, essential oils penetrate through the skin and into the blood stream. In most cases the essential oil is too strong for direct application. If your therapeutic oil is strong, it should be mixed with a carrier oil such as sunflower oil and then it can be used topically. The typical mixture is two to five drops of the medicinal oil to one ounce of the carrier oil. Many massage therapist, will use this approach with their treatments.[9]

Aromatherapy is used in conjunction with touch therapy, acupressure, massage, and visualization therapy. An aromatherpy session can be done independently as well, with a variety of therapists. One form of aromatherapy is Raindrop Therapy, which is provided by trained Gary Young practitioners of Young Living Oils.

1 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 5
2 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 5
3 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 8
4 Alternative Medicine: The definitive guide, by The Goldberg Group, Future Medicine Publishing, Inc. pp. 253-271.
5 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, New Choices in Natural Healing, Rodale Press, Inc. pp. 12
6 National Institutes of Health web page, pp. 2
7 National Institutes of Health web page, pp. 2
10 Dynamics of Visualization and Imagery in Therapy, by Patricia Norris, Ph.D., web page 1
11 What is Interactive Guided Imagery, WWW.healthy net, page 1
12 What is Magnetic Therapy? By Uni-flex Magnets web page, pp.1,
8 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 10
9 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 9

Association of
Physician Assistant
Programs

950 North Washington Street
Alexandria, VA 22314-1552
703/548-5538
Fax: 703/684-1924
E-mail: apap@aapa.org
Web site: www.apap.org

WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

ORAL PRESENTATION

On Behalf of
THE ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

February 23, 2001
Presented by
Emily WhiteHorse, BS, PA-C
Assistant Professor
Philadelphia University

I am here on behalf of the Association of Physician Assistant Programs (APAP), and as a PA practitioner and educator who has embraced the inclusion of CAM for over 10 years, it is truly an honor to be here today in the presence of this distinguished committee.

A few facts about my profession: there are now approximately **40,000** practicing PAs, **10,000** PA students, and **126** accredited PA educational programs. Over the past five years alone, the number of PA programs has doubled.

As mid-level health care practitioners, we come face to face daily with patients who use or are interested in CAM. Presently, our biomedical educational model does not include CAM as an accreditation standard although in 1998, 52 percent of 80 programs that responded to a survey indicated that they included instruction on CAM.

In PA education, we have struggled with whether or not to include CAM. However, with the ongoing patient demand and use of CAM, the questions have now become: How do we include it in an already intensive educational program, and How do we determine what information is needed.

Evidence supports a contention that there is a fundamental change occurring in the values, beliefs, and expectations of the people who make up our culture regarding health, healing, and disease. All health care systems are developed around and function from an explanatory model, which is culturally bound and based on the overall beliefs and values that are representative of the dominant culture. Clearly, though, we are on the brink of change: our culture is redefining its beliefs and expectations about health care, health care practitioners and the entire health care system. It appears that this paradigm shift represents a shift in worldview from a mechanistic, reductionist one to a holistic one.

While it is important to focus on identifying and understanding CAM, we also need to ask the questions: What is it that our patients really want from us as

providers and from our health care system? And, if they are asking that we be more holistic in our overall approach to health and illness: Does our job as medical educators become the integration of holistic concepts and principles into the educational model of health care practitioners, concepts which include CAM?

A first step in addressing these questions could be the creation of a committee or task force to address these and other concerns facing the education of medical practitioners as a whole. In the spirit of holism and cross-disciplinary cooperation, this task force could bring together educators from various medical professions, as well as medical and CAM practitioners, with the goal of establishing minimum requirements for all of medical education regarding CAM. A need for clear and consistent guidelines and consensus seems warranted.

All of this, however, rests upon whether CAM is included as an acceptable standard of care in our health care system. Without support from organizations like NIH and this commission, and without continued national and government support and recognition of the potential CAM holds, both positive and negative, it remains uncertain whether CAM can be included in medical education, as an accreditation standard, in program curricula, or on board exams. As a result, future practitioners will continue to struggle in the same way that we as practitioners struggle today with the lack of formal training regarding CAM.

In closing, I would like to thank the committee for the opportunity to speak on behalf of the Association of Physician Assistant Programs, and to also offer our assistance and cooperation in future deliberations, committees, or organizations regarding this important issue.

Association of
Physician Assistant
Programs

950 North Washington Street
Alexandria, VA 22314-1552
703/548-5538
Fax: 703/684-1924
E-mail: apap@aapa.org
Web site: www.apap.org

WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

/ 10

ORAL PRESENTATION

On Behalf of
THE ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

February 23, 2001
Presented by
Brenda J. Jasper, M.Ed., PA-C
Chair and Assistant Professor
University of Maryland Eastern Shore
Princess Anne, Maryland

On behalf of the Association of Physician Assistant Programs (APAP), the only national organization in the United States representing physician assistant (PA) educational programs, I thank the Commission for the opportunity to share our educational model as an example for integration of complementary and alternative medicine (CAM) into existing educational programs. APAP's mission is to assist physician assistant educational programs in the instruction of highly educated physician assistants in numbers adequate to meet society's needs. Physician assistants are health care professionals licensed to practice medicine with physician supervision. As part of their comprehensive responsibilities, PAs exercise autonomy in conducting physical exams, diagnosing and treating illnesses, ordering and interpreting tests, counseling on preventive health care, assisting in surgery, and in most states, writing prescriptions.

The PA profession grew out of a recognized need for a health professional trained in the medical model who would work with physician supervision to extend patient access to care, particularly in medically underserved areas and

health professions shortage areas. The curriculum in PA educational programs is geared toward primary care and focused to provide the appropriate education in an intensive and uniquely designed manner. The profession has retained this commitment to the medical educational model and to team practice with physician supervision since its inception in 1966, thirty-five years ago.

Physician assistant programs are accredited by the independent Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), composed of representatives from the American Medical Association, the American Academy of Family Physicians, the American College of Surgeons, the American Academy of Pediatrics, the American College of Physicians, the Association of Physician Assistant Programs, and the American Academy of Physician Assistants. Although all accredited PA programs must meet the same rigorous educational standards, they have the flexibility to offer a variety of academic degrees. Graduation from an accredited PA educational program is the definitive credential.

Upon graduation, physician assistants take a national certification examination developed by the National Commission on Certification of PAs in conjunction with the National Board of Medical Examiners. To maintain their national certification, PAs must log 100 hours of continuing medical education every two years and sit for recertification every six years. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure.

What a physician assistant does varies with training, experience, and state law. In addition, the scope of the PA's practice corresponds to the supervising physician's practice. In general, a physician assistant will see many of the same types of patients as the physician. The cases handled by physicians are generally the more complicated medical cases or those that require care that is not a routine part of the PA's scope of work. Referral to the physician, or close consultation between the patient, the PA, and the physician, is done for unusual or hard to manage cases. Physician assistants are taught to "know our limits" and refer to physicians and other health professionals appropriately. It is an important part of PA training.

Physician assistant education is characterized by an intense, yet practical curriculum, with both didactic and clinical components, ranging from 25–27 months, with a minimum of two years of prerequisite education. PA education is tightly structured and focused, and recognized by many as highly innovative, efficient, and effective. It is competency-based, meaning that students must demonstrate proficiency in various areas of medical knowledge and must meet behavioral and clinical learning objectives. The typical PA student has earned a bachelor's degree and has an average of 48 months of health care experience prior to program admission. The first year of PA education provides a broad grounding in medical principles with a focus on their clinical applicability. This didactic curriculum typically consists of coursework in the basic sciences, including anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory sciences, behavioral sciences,

and medical ethics. In the second year, students receive hands-on clinical training through a series of clerkships or rotations in a variety of inpatient and outpatient settings. Rotations include family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry. Physician assistant students complete on average over 2,000 hours of supervised clinical practice prior to graduation. The accreditation standards have historically embraced the latest innovations and trends in medical practice over the years, to add to the rigorous curricula content areas such as health promotion and disease prevention, geriatrics, and evidence-based medicine. Although intense, the standard educational model allows for flexibility of individual programs, as does the actual clinical practice of the physician assistant. PA education can serve as a model for a balanced curriculum, between theory and practice. This model can easily introduce trained health care providers in a relatively short period of time. We look forward to future opportunities to share our experience as an innovative model for medical education that has achieved integration within the mainstream of primary health care.

White House Commission on Complementary and Alternative Medicine
Testimony
Brian J. McAulay, D.C., Ph.D., interim president
Sherman College of Straight Chiropractic

Thank you for this opportunity to share information with you about the state of chiropractic education and how the profession can best serve the American people. As a licensed doctor of chiropractic, I was in private practice for 13 years in Pennsylvania. I also hold a Ph.D. in organization theory and management from Temple University in Philadelphia. I have served as a faculty member for many years educating students in chiropractic technique and philosophy, as well as undergraduate and graduate business students. Today, I serve as interim president of Sherman College of Straight Chiropractic in Spartanburg, South Carolina.

Chiropractic is a 62,000-member strong profession in North America with licensed doctors of chiropractic serving the population in all 50 states, U.S. territories and Canada. It is the nation's third largest primary health care profession, after medicine and dentistry. Founded in 1895 in the United States, the profession has grown throughout the world and doctors of chiropractic today practice on every continent. The public's use of chiropractic has grown dramatically in recent years with 37 percent of the population having sought chiropractic care. Annual visits to chiropractors exceed the visits to any other practitioner of alternative health.

Chiropractic is based on the premise that the body's innate recuperative capabilities are affected by and integrated through the nervous system. Chiropractic is a science and art devoted to the location, analysis and correction of vertebral subluxations, misaligned vertebrae of the spine that interfere with the ability of the nervous system to coordinate and control the organs and systems of the body. Many health-conscious people make chiropractic a regular part of their health care regimen, along with such sound practices as exercise, good nutrition, stress management and regular medical check-ups. Chiropractic is a separate and distinct field that does not compete with the practice of medicine or the use of alternative therapies.

According to the U.S. Department of Labor, employment of chiropractors is expected to grow faster than the average for all occupations through the year 2008 as consumer demand for alternative health care continues to grow. The education required to become a licensed doctor of chiropractic is rigorous, similar to that required for a medical doctor. All students entering chiropractic college must have completed 90 semester hours of prerequisite courses at an accredited undergraduate college. Once enrolled in chiropractic college, students complete approximately 4,600 hours of instruction. This is typically accomplished through approximately 13 academic quarters requiring three and a half years of full-time study, or the equivalent of five years of study on a traditional semester system. Upper-quarter students complete a one-year internship in a college-based chiropractic health center where they provide comprehensive chiropractic care to the public under the supervision of licensed doctors of chiropractic.

There are currently 16 chiropractic colleges in the United States and all are accredited by the Commission on Accreditation of the Council on Chiropractic Education, a professional accrediting body recognized by the United States Department of Education. The process for

receiving CCE accreditation is similar to that required by the regional and professional bodies that accredit other institutions of higher education.

The chiropractic profession has grown and prospered in this country based on the public's demands for these important services. The profession has traditionally received little or no federal support. I recommend the Commission pursue the following initiatives to ensure the availability of quality alternative chiropractic care for the American public:

- Formally recognize the value and appropriateness of chiropractic's meta-therapeutic health care paradigm that focuses on enhancing performance and function, rather than treating disease.

- Allocate federal funds for chiropractic college-based research programs. The nation's top 50 medical schools alone in 1999 received more than $6.5 billion in research funding through the National Institutes of Health. Supporting the wellness and preventive health paradigm of chiropractic research that explores ways to help people avoid serious health problems and enjoy greater function and performance (compared to traditional biomedical research that is treatment- and condition-based) would help reduce our nation's dependence on expensive medical interventions once disease states and conditions have manifested.

- Provide student loan and debt relief for chiropractic college graduates who practice in underserved areas of the country, or care for underserved segments of the population.

- Provide direct federal funding to support chiropractic college education with investments in facilities, training, instrumentation and technology, as is currently done in the nation's medical schools. Chiropractic colleges must benefit from such national initiatives as Congress' approved doubling of the NIH budget from 1999 to 2003 to ensure quality education of a far greater spectrum of the nation's health care providers.

White House Commission on Complementary and Alternative Medicine Policy
CAM Education
February 23, 2001

Good afternoon Commissioners;

My name is David Molony. I am an Oriental Medicine professional and the Executive Director of the American Association of Oriental Medicine.

The Oriental Medicine profession is, by far, the most comprehensive, far reaching, credible, and accepted CAM field of medicine in the United States. We have, in place, national education, accreditation and certification examination standards in acupuncture, herbal medicine and bodywork.

The training for the majority of new practitioners is a comprehensive three to four year program, with the graduates having a solid grasp of our entire field, and the capability to refer within that field. This, combined with a level of Conventional medical training that provides them with the capability to refer to general, specialist, or hospitalist Conventional practitioners as appropiate, rounds out the training. Due to the continued improvements in our education and the history of low claims, our malpractice rates for a $1 million/ $3 million policy have dropped steadily to less than $650, about one-third of what they were ten years ago.

The demand for our services becomes obvious when one looks at the other fields of medicine grasping for our patient share, bypassing our recognized and accredited educational programs in favor of abbreviated "continuing education" courses that do not provide the knowledge, skills, and abilities needed to achieve the consistent outcomes we have come to expect from our field. It is easy, when a Biomedical or Chiropractic physician fails to diagnose or treat properly due to this limited training, to fall back on the very things the patient has come to acupuncture and Oriental Medicine to avoid. Drugs, more Chiropractic, or Surgery. How many patients have trusted their "weekend wonders" to later become disenchanted with the results, thinking that it was the acupuncture that failed? Acupuncture is not "continuing education". It is continual education.

We have fully entered the modern world of credibility, liability, and responsibility, with educational standards, practice guidelines, regulatory oversight by our licensing boards, and the professional peer review process that all provide overlapping avenues of accountability to the consumer. While there may be some place developed by all professions working together for inter-collegial trade of aspects of our prospective fields, there must also be respect for a comprehensive education in each. In this scenario, there must be ethical boundaries shared to develop a knowledge base on what is best for the patient.

We hope that you will all reflect deeply on the facts and concerns expressed in this presentation here today, as it is your commitment to our country and the people of these United States to do what is best, beyond the many strong currents pulling you in so many directions.

Please feel free to contact us with any questions on this and any other subject relative to Oriental Medicine.

American Association of Oriental Medicine
433 Front Street
Catasauqua, PA 18032
888-500-7999
Fax- 610-264-2768
aaom.org

White House Commission on Complimentary & Alternative Medicine
February 23, 2001

Testimony provided by Kathleen Quain, C.S.W., President of the Foundation For Health & the Environment

Through education, people can learn to live with more health in their daily lives. Through policy and communication that supports prevention, we can stop health problems before they happen. For example, preventive measures for diseases such as breast and prostate cancer should be public knowledge. Health insurance companies could tap a huge untapped market if they covered prevention. CAM practices and interventions could be reimbursed through a federal program that develops health, carries the concept of waste reduction as a respected way of thinking to the populace, and employs collective stress management techniques to reduce violence.

Through television that is designed to create health, the media, media outlets, health channels and information technology, health could be organized and disseminated as a popular and effective outreach. State-of-the-art television programs could be developed to create positive results within mainstream populations. Health-based programming could replace horrific images that children see now within the media. Scientifically based imagery could facilitate healing where healing is indicated. Elementary through high school health education could incorporate prevention to directly reverse the violence crisis that has become evident within our childhood population.

A new report entitled "In Harm's Way" published by Greater Boston Physician's for Social Responsibility, in partnership with the Clean Water Fund, says that millions of children in the U.S. exhibit learning disabilities, reduced IQ, and destructive, aggressive behavior because of exposure to toxic chemicals including pesticides during early childhood, or even before birth. The report states that neurodevelopmental disabilities are widespread, and chemical exposures are important and preventable contributors to these conditions. "In Harm's Way" reviews scientific and medical information on a range of toxins to which most or all American children are exposed, and draws links between them and to the rising number of children diagnosed each year with abnormal brain development or function. The gospel of peace teaches us to detoxify our bodies so the Spirit of God can go inside of our bodies and we can feel peaceful. To sustain our souls, all public policy must consider the injury to our health from the misuse of toxic pesticides.

CAM practice and intervention could be applied to public health threats such as the West Nile Virus. An economical, safe and national preventive treatment program could combine technology that supports human nature and the health in nature. The U.S. Coast Guard has successfully used the Mosquito Magnet when toxic pesticides were not effective on mosquito infested islands. Bti (Bacillus thuringiensis israeliensis) is a non-toxic pesticide, which is a concentrated combination of citric oil that eradicates

adult larvae mosquito populations. A shot of vitamin A in the gluteus maximus is a preventive against encephalitis and the West Nile Virus. These are some of the many safe interventions for creating a holistic public health treatment program for mosquito borne diseases.

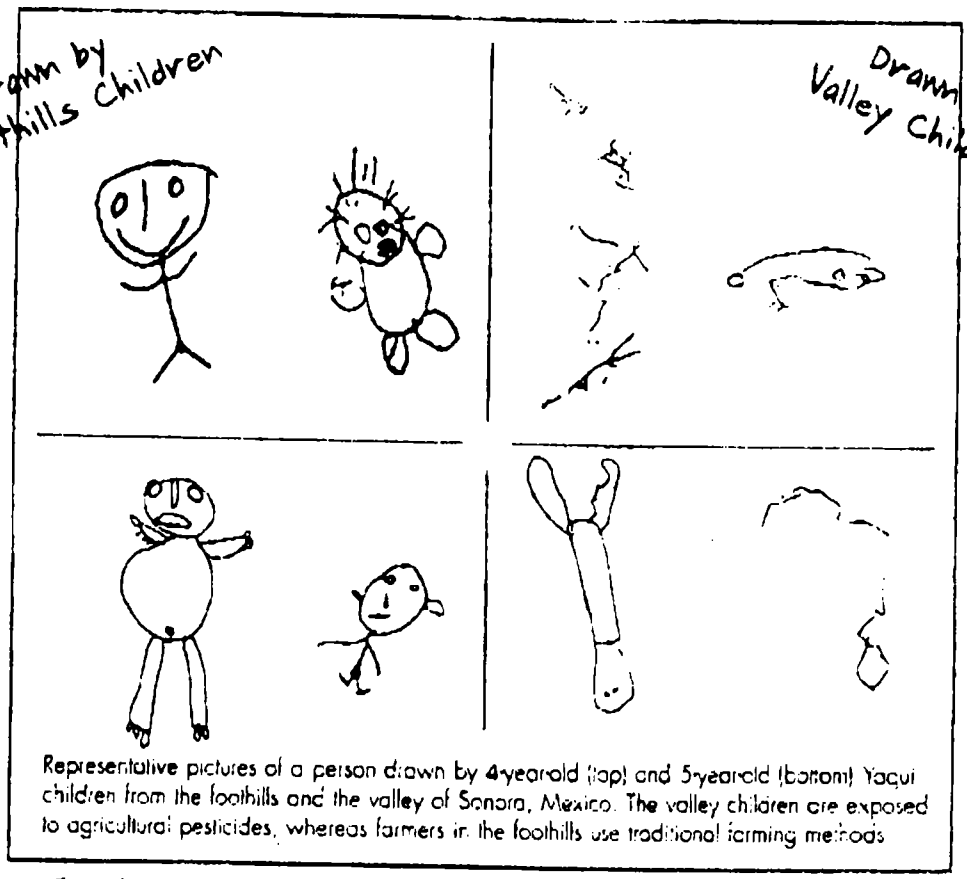
The first paragraph of the United States of America Declaration of Independence refers to "the Power of the Earth..., the Laws of Nature and of Nature's God". CAM policy will greatly benefit from aligning with these principles of grace. The Pope's message last week spoke of nature's intrinsic value, and that above all, nature's metaphysical concept has been forgotten.

Thank you,

Kathleen Quain
globalpeace4u.@aol.com

I am Kathleen Quain, a New York State licensed social worker, psychotherapist, and have a background in public relations, marketing, broadcast production, advertising, and am in private practice in Manhattan where I work with people who have been challenged with chronic and terminal illness and work as a consultant on projects of integrity. My initial psychotherapy practice began in one of America's 1,300 nuclear counties where cancer rates and cancer variations are deplorable. Within my practice I treated the children of mothers and aunts who were dying or who had died of cancer. The fear and cancer concern of the young people in my practice inspired me to research disease prevention modalities. In my work, I guide individuals who suffer from disease to determine treatment programs that include working with practitioners who specialize in specific interventions that can help reverse the disease process. Clinically, I help people develop pain and stress management skills through the use of imagery, prayer, and the creative arts. I am considered to be a sports-trainer-for-the-soul and recognize the essential need within people to include spirituality in their medical treatment. My work is respected nationally and internationally. As president of the Foundation For Health & the Environment, I speak for many who suffer from environmental health challenges.

Consider the evidence . . .



Representative pictures of a person drawn by 4-yearold (top) and 5-yearold (bottom) Yaqui children from the foothills and the valley of Sonora, Mexico. The valley children are exposed to agricultural pesticides, whereas farmers in the foothills use traditional farming methods

and draw your own conclusions . . .

Anvil, which was used in New York City last year as an improvement over using malathion in 1999, mimics DDT

Dear Concerned Citizen,

If a picture is worth a thousand words, the drawings above speak volumes about the danger of toxic pollutants in our environment.

You see, the drawings were done by Mexican children, ages four and five, as part of a study on the impact of children's exposure to synthetic pesticides such as DDT. Asked to draw a person as best they could, children with minimal exposure to pesticides produced the sort of images you might expect (drawings on the left) ...

... but children living in nearby communities that use "modern" chemical-intensive agricultural methods could barely manage a few disjointed scribbles (shown on the right).

The difference in these children's cognitive and motor skills development is both stark and startling. And because other variables — age, dietary patterns, socioeconomic status — were carefully controlled, all evidence points to chemical pesticides as the culprit.

That's why I urge you to consider the evidence and draw your own conclusions about the threat these pollutants pose to you.

PHYSICIANS FOR SOCIAL RESPONSIBILITY®
1101 Fourteenth Street Northwest, Suite 700, Washington, DC 20005
telephone (202) 898-0150 • facsimile (202) 898-0172 • email: psrnat@psr.org • internet: www.psr.org
U.S. AFFILIATE OF INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR

extra thoughts:

A growing body of research documents that using current pesticides are toxic to the land, and the people in the communities being sprayed.

When environmental pollutants are roaming within our blood stream, physical, emotional and mental health is jeopardized. The same blood that feeds the colon, feeds the brain and the heart.

Many children are latchkey children who go home and are alone to care for themselves after school. Television and the internet often keep these children company.

CAM licensure in all states is a vast economic growth potential and would create ready access to practices and interventions. People currently travel across states to receive CAM. CAM could be organized within a complete national design, then uniform standards of education could be based on CAM's professional schools.

Extraordinary CAM research is designed, ready to move forward, requires funding and appropriate research facility. Funding for CAM research could introduce more hospitals to CAM services, dramatically reduce national health insurance costs, suffering for patients, medical inflation, and support prevention and waste reduction. Teaching the history of medicine in our medical schools would help to expand and integrate the research environment.

Our national professional community has developed a wealth of health care programs that work. These programs could be organized within CAM as a federal program to support the health of our nation.

China is buying up chunks of Brazil's rain forest. Do we know what China is planning to do with this crucial and strategic natural resource?

America can unite and mobilize her resources toward a common goal for the protection of our health and our environment.

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White House Commission on Complementary and Alternative Medicine Policy

February 23, 2001 testimony summary provided by Kathleen Quain, C.S.W.,
President of the Foundation for Health and the Environment

I am a New York State licensed social worker, psychotherapist, have a background in public relations, marketing, broadcast production, advertising, am in private practice in Manhattan where I specialize in working with people who have been challenged with chronic and terminal illness and I work as a consultant on projects of integrity. My work is respected nationally and internationally. As president of the Foundation for Health and the Environment, I speak for many who suffer from environmental health challenges.

Within my February 23rd CAM testimony I will discuss: research, delivery and public access, the dissemination of credible healthcare services, appropriate licensure, health education, current national health needs with emphasis on our childhood population, environmental health factors, detoxification, prevention and root causes, waste reduction, and health as the focus of healthcare.

Thank you very much for the opportunity to speak before your commission.

Sincerely,

Kathleen Quain

Kathleen Quain
globalpeace4u@aol.com/212.946.2172

White House Commission on Complimentary & Alternative Medicine
February 23, 2001

Testimony provided by Kathleen Quain, C.S.W., President of the Foundation For Health & the Environment

Through education, people can learn to live with more health in their daily lives. Through policy and communication that supports prevention, we can stop health problems before they happen. For example, preventive measures for diseases such as breast and prostate cancer should be public knowledge. Health insurance companies could tap a huge untapped market if they covered prevention. CAM practices and interventions could be reimbursed through a federal program that develops health, carries the concept of waste reduction as a respected way of thinking to the populace, and employs collective stress management techniques to reduce violence.

Through television that is designed to create health, the media, media outlets, health channels and information technology, health could be organized and disseminated as a popular and effective outreach. State-of-the-art television programs could be developed to create positive results within mainstream populations. Health-based programming could replace horrific images that children see now within the media. Scientifically based imagery could facilitate healing where healing is indicated. Elementary through high school health education could incorporate prevention to directly reverse the violence crisis that has become evident within our childhood population.

A new report entitled "In Harm's Way" published by Greater Boston Physician's for Social Responsibility, in partnership with the Clean Water Fund, says that millions of children in the U.S. exhibit learning disabilities, reduced IQ, and destructive, aggressive behavior because of exposure to toxic chemicals including pesticides during early childhood, or even before birth. The report states that neurodevelopmental disabilities are widespread, and chemical exposures are important and preventable contributors to these conditions. "In Harm's Way" reviews scientific and medical information on a range of toxins to which most or all American children are exposed, and draws links between them and to the rising number of children diagnosed each year with abnormal brain development or function. The gospel of peace teaches us to detoxify our bodies so the Spirit of God can go inside of our bodies and we can feel peaceful. To sustain our souls, all public policy must consider the injury to our health from the misuse of toxic pesticides.

CAM practice and intervention could be applied to public health threats such as the West Nile Virus. An economical, safe and national preventive treatment program could combine technology that supports human nature and the health in nature. The U.S. Coast Guard has successfully used the Mosquito Magnet when toxic pesticides were not effective on mosquito infested islands. Bti (Bacillus thuringiensis israeliensis) is a non-toxic pesticide, which is a concentrated combination of citric oil that eradicates

adult larvae mosquito populations. A shot of vitamin A in the gluteus maximus is a preventive against encephalitis and the West Nile Virus. These are some of the many safe interventions for creating a holistic public health treatment program for mosquito borne diseases.

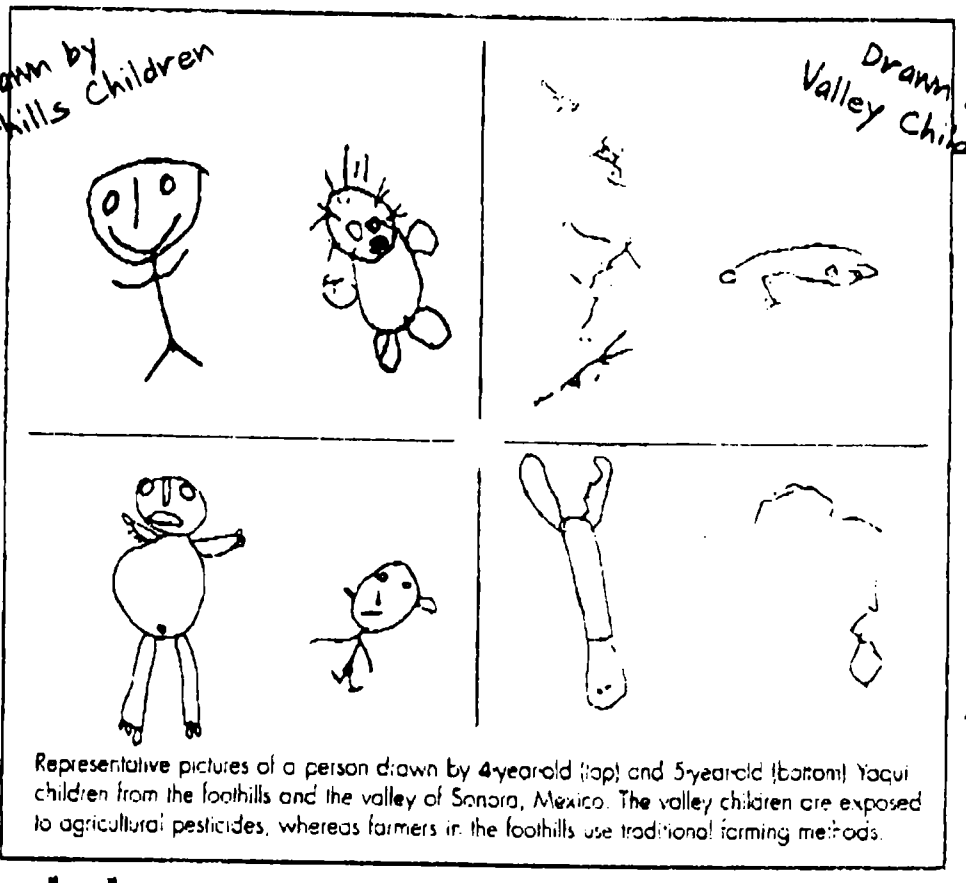
The first paragraph of the United States of America Declaration of Independence refers to "the Power of the Earth..., the Laws of Nature and of Nature's God". CAM policy will greatly benefit from aligning with these principles of grace. The Pope's message last week spoke of nature's intrinsic value, and that above all, nature's metaphysical concept has been forgotten.

Thank you,

Kathleen Quain
globalpeace4u.@aol.com

I am Kathleen Quain, a New York State licensed social worker, psychotherapist, and have a background in public relations, marketing, broadcast production, advertising, and am in private practice in Manhattan where I work with people who have been challenged with chronic and terminal illness and work as a consultant on projects of integrity. My initial psychotherapy practice began in one of America's 1,300 nuclear counties where cancer rates and cancer variations are deplorable. Within my practice I treated the children of mothers and aunts who were dying or who had died of cancer. The fear and cancer concern of the young people in my practice inspired me to research disease prevention modalities. In my work, I guide individuals who suffer from disease to determine treatment programs that include working with practitioners who specialize in specific interventions that can help reverse the disease process. Clinically, I help people develop pain and stress management skills through the use of imagery, prayer, and the creative arts. I am considered to be a sports-trainer-for-the-soul and recognize the essential need within people to include spirituality in their medical treatment. My work is respected nationally and internationally. As president of the Foundation For Health & the Environment, I speak for many who suffer from environmental health challenges.

Consider the evidence . . .



Representative pictures of a person drawn by 4-year-old (top) and 5-year-old (bottom) Yaqui children from the foothills and the valley of Sonora, Mexico. The valley children are exposed to agricultural pesticides, whereas farmers in the foothills use traditional farming methods.

and draw your own conclusions . . .

Dear Concerned Citizen,

If a picture is worth a thousand words, the drawings above speak volumes about the danger of toxic pollutants in our environment.

You see, the drawings were done by Mexican children, ages four and five, as part of a study on the impact of children's exposure to synthetic pesticides such as DDT. Asked to draw a person as best they could, children with minimal exposure to pesticides produced the sort of images you might expect (drawings on the left) ...

... but children living in nearby communities that use "modern" chemical-intensive agricultural methods could barely manage a few disjointed scribbles (shown on the right).

The difference in these children's cognitive and motor skills development is both stark and startling. And because other variables — age, dietary patterns, socioeconomic status — were carefully controlled, all evidence points to chemical pesticides as the culprit.

That's why I urge you to consider the evidence and draw your own conclusions about the threat these pollutants pose to you.

Anvil, which was used in New York City last year as an improvement over using malathion in 1999, mimics DDT

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extra thoughts:

A growing body of research documents that using current pesticides are toxic to the land, and the people in the communities being sprayed.

When environmental pollutants are roaming within our blood stream, physical, emotional and mental health is jeopardized. The same blood that feeds the colon, feeds the brain and the heart.

Many children are latchkey children who go home and are alone to care for themselves after school. Television and the internet often keep these children company.

CAM licensure in all states is a vast economic growth potential and would create ready access to practices and interventions. People currently travel across states to receive CAM. CAM could be organized within a complete national design, then uniform standards of education could be based on CAM's professional schools.

Extraordinary CAM research is designed, ready to move forward, requires funding and appropriate research facility. Funding for CAM research could introduce more hospitals to CAM services, dramatically reduce national health insurance costs, suffering for patients, medical inflation, and support prevention and waste reduction. Teaching the history of medicine in our medical schools would help to expand and integrate the research environment.

Our national professional community has developed a wealth of health care programs that work. These programs could be organized within CAM as a federal program to support the health of our nation.

China is buying up chunks of Brazil's rain forest. Do we know what China is planning to do with this crucial and strategic natural resource?

America can unite and mobilize her resources toward a common goal for the protection of our health and our environment.

White House Commission on Alternative Medicine

Oral Testimony

By: Victoria Goldsten, ND, BSN, LMT

Hello. I am Victoria Goldsten, a Registered Doctor of Naturopathy, Licensed Massage Therapist, and Licensed Nurse in Washington, D.C. I also practice in the State of Maryland. I am here on behalf of Traditional Naturopathy across the United States. As Traditional Naturopaths or True Naturopaths we treat the human condition with naturally occurring substances such as homeopathics and herbs. In addition we use physical modalities such as our hands and voices in a variety of treatments such as guided imagery and acupressure.

It is important for the commission to know that Traditional or True Naturopathy does not cross the line into conventional medicine and prescribe conventional drugs or perform minor surgery as Medical Doctors and Naturopathic Physicians do. We as Naturopathic Doctors and Naturopathic Practitioners are strongly against this process for this is the job of qualified medical doctors.

The directors of the American Naturopathic and Holistic Association and the Washington Institute of Natural Medicine in the D.C. metro area, the College of Naturopathy in California, and the College of Metaphysical Studies in Florida also wish to convey to you that this is their opinion as well. The general consensus of traditional naturopathic schools and service organizations is freedom of choice by the consumer.

We, as Traditional or True Naturopaths have a strong commitment to health care. In this promotion of health care, it is extremely important that we continue to be afforded the right to continue our practice. In order for this to happen we respectfully request our federal government strongly support broad guideline in the educational licensing and professional licensing process. Educational licensing must allow for vocational schools, degree programs, and most importantly apprenticeship training in Naturopathy. It is of utmost importance that the apprenticeship component not be overlooked. This style of learning provides a hands-on component like no other. We would like to see this style of program not be eliminated and not be under the same stringent guidelines of higher educational facilities. Apprenticeship training creates affordable, safe, compassionate, and experienced practitioners.

Here in Washington, D.C. the educational licensing commission had forced an apprenticeship program in naturopathy to shut down based upon a newly enforced D.C. requirement that the program meet the same standards of vocational schools or colleges. At its inception the program was informed by the District that it could function under the exempt category due to its apprenticeship status. In the neighboring states of Virginia and Maryland, a friendlier approach has been adopted, allowing apprenticeship programs to fall under the exempt category. We wish to see these states as examples for all states across the nation. If overly restrictive licensure eliminates this apprenticeship component, affordable and accessible natural health care will not be available to all of those who need it and want it. If strict licensure eliminates this apprenticeship component the good of the general public will not be met.

Thank you

P.S. - Attached please find a description of Naturopathy and Holistic Health which will assist you in understanding our form of practice.

NATURAL HEALTH CARE

And

THE HOLISTIC AND NATUROPATHIC APPROACH

At the

WASHINGTON INSTITUTE OF NATURAL MEDICINE

3402 Connecticut Ave., N.W., Washington, D.C. 20008
(202) 237-7681

By

DR. VICTORIA GOLDSTEN, ND, LMT, LPN, BSN
Registered Doctor of Naturopathy
Licensed Massage Therapist
Licensed Practical Nurse
Bachelors of Science Nursing

THE HOLISTIC/NATUROPATHIC APPROACH

"The holistic and naturopathic philosophy is to nurture and nourish the entire person and to recognize the relationship between the mind and the body. Western thought has always regarded the mind and body as separate entities."[1] The holistic approach is not a substitute for conventional medicine. "The best care involves considering all options, including the traditional approach."[2] For that reason, holistic and naturopathic therapies are sometimes referred to as complementary therapies.

Examples of Holistic/Naturopathic Treatments:

Homeopathy	Herbology
Neural Therapy	Acupressure/Acupuncture
Massage Therapy	Touch Therapy/Laying on of Hands/Reiki
Visualization/Guided Imagery	Magnetic Therapy
Reflexology	Aromatherapy

HOMEOPATHY

Homeopathy is a system of treatment that uses plant, mineral and animal sources. It's preparation involves dilution and succussion of the substance. The substance is diluted with water and alcohol and then succussed. The succussion is a shaking of the mixture approximately 100 times. It is theorized by Naturopathic Doctors and Homeopaths that this dilution and succussion intensifies the power of the substance and eliminates side effects. In addition it is also believed that the succussion

causes the electrons of the atoms, contained in the substance, to go into a higher spin thereby intensifying the power of the substance.

"All homeopathics are FDA approved drugs. They are manufactured by pharmacies in the US and abroad."[3] They strictly follow the FDA regulations in order to be in compliance with federal law. Homeopathics treat many types of conditions and symptoms. For example asthma can be treated with anti-inflammatory and bronchial/lung healing homeopathics. Arthritis can be treated with homeopathics that reduce pain and stiffness.

The Washington Institute has Doctors of Naturopathy, Homeopaths, Holistic Practitioners and interns on staff for homeopathic consultations.

HERBAL REMEDIES

"Herbal Medicine is the practice of using the healing benefits of dried" and fresh "plants to treat illness. The medicinal use of herbs is one of the oldest forms of health and illness care. Treatment of modern day illnesses originate from the use of herbs in ancient times and has been handed down through the generations." These herbal treatments "for specific illnesses have been a part of each ancient culture" as they evolved. "Today, a sizable number of conventional medicines have been made by using" these ancient theories, ingredients, and formulas. "It is not surprising then that herbs work very similarly to conventional drugs. They may, however, be slower and less dramatic than the purified drugs or the synthetic ones made in a laboratory. This reduction of side effects on the body is one of the main attractions of herbal use. Any part of the plant can be used, from the roots to the leaves and flowers."

"Herbal preparations come in a variety of forms. For example, chamomile tea used at night time as a sleep aid, or echinacea in a liquid or capsules for the use in relieving flu's or any illness where stimulation of the immune system is important. Herbal remedies are particularly effective for the treatment of chronic illness as well as being used for self-medication with minor ailments, such as stomach upset, minor aches and pains, colds and skin irritations."[4]

Herbal remedies are generally safe but should be used cautiously. On occasion the client may be sensitive to the plant or the plant may have an interaction with a drug. Always check with your natural health care provider and your medical doctor if you have any concerns.

The Washington Institute has Doctors of Naturopathy, Herbalists, Holistic Practitioners, and interns available for herbal consultation.

ACUPRESSURE/ ACUPUNCTURE

Acupressure and acupuncture are practiced holistic treatments "that are more than 5,000 years old. Acupuncture is the insertion of very fine needles on the body's surface in order to influence physiological functioning of the body. Acupressure is performed with the use of finger or hand

pressure instead of needles. Both acupuncture and acupressure have a shared goal: to stimulate what Chinese medical practitioners call chi - the body's most basic healing energy."

"The principles of Chinese medicine has as its original text the nearly 4,000- year-old, Yellow Emperor's Classic of Internal Medicine. In that text, and over the next 2,000 years, Chinese doctors discovered a system of channels and points on the body that, if correctly touched or stimulated, would relieve pain and speed healing. The traditional Chinese doctors said these channels, called meridians, were disturbed - if the energy flowing through them was too slow or too fast, too turbulent or too static - the body's chi was said to be imbalanced. The goal of traditional Chinese medicine was to restore chi to a state of balance, and acupressure was one of its techniques."

"With complete health, energy will flow through the body freely like electricity is conducted through circuits. But, we all experience disease, injury and emotional trauma. There are environmental assaults, too such as air pollution and noise. You can also employ it to feel better mentally and spiritually."

"There are many diseases that can be treated successfully by acupuncture and acupressure. The most common ailments currently being treated are lower backache," arthritis, headaches, anxiety, allergies, muscle pain and spasm, depression, and addictions.[5]

The Washington Institute has licensed acupuncturists on staff for acupuncture treatments and Dr. Victoria Goldsten, ND, a licensed massage therapist, available for acupressure sessions. The institute also has shiatsu/acupressure practitioners and interns available for shiatsu/acupressure sessions.

MASSAGE THERAPY

"Massage therapy is one of the oldest methods" of natural health care practice. It "is the scientific manipulation of the soft body tissues to return those tissues to their normal state. Massage consists of a group of manual techniques that include applying fixed or movable pressure and holding and causing the body to move. Primarily the hands are used, but sometimes forearms, elbows, and feet are used also. These techniques can affect the musculoskeletal, circulatory-lymphatic, and nervous system. Massage therapy encompasses the concept of vis medicatix naturae - helping the body heal itself - and is aimed at achieving or increasing health and well-being. Touch is the fundamental medium of massage therapy."[6]

At the Washington Institute, clients requesting massage therapy will meet with their therapist prior to treatment to discuss history and complaints. It is recommended that the client come in approximately 15 minutes earlier than the scheduled appointment time to fill out forms related to history and symptoms. Upon completion of the forms the practitioner will ask the client what style of massage they prefer. Practitioners may use therapeutic ointments or oils topically depending upon the preference of the client. The client should notify the practitioner if they have any skin sensitivities. Along with the massage therapy session the practitioner

may burn aromatherpy oils or play soothing music if appropriate for the client. When oils are to be burned, the client should inform the practitioner if they have any respiratory allergies.

The Washington Institute has a Licensed Massage Therapist, Dr. Victoria Goldsten, ND, LMT on staff Monday through Friday, 9:30 am to 5:00 p.m. for massage therapy.

TOUCH THERAPY/LAYING ON OF HANDS/REIKI/BIOFIELD THERAPY

Touch therapies - "laying on of hands" - are "very old forms of healing. The earliest Eastern references are in the Huang Ti Ching Su Wen (The Yellow Emperor's Classic of Internal Medicine), dated between 2,500 and 5,000 years ago. The underlying rationales cluster around two views: first, that the healing force comes from a source other than the practitioner - God, the cosmos, or another supernatural entity - and second, that a human biofield directed, modified, or amplified in some way by the practitioner is an operative mechanism."

During a touch therapy session "the practitioner places hands directly on or near the" clients "body to improve general health or treat a specific dysfunction. Treatment sessions may take from 20 minutes to an hour or more; a series of sessions is often needed to treat some disorders. There is consensus among practitioners that the biofield permeates the physical body and extends outward for several inches. Extension of the external biofield depends on the person's emotional state and health. Biofield practitioners have a holistic focus. About 50,000 practitioners provide 18 million sessions annually in the United States."[7]

The Washington Institute of Natural Medicine has Touch Therapists/Reiki Masters available for 30 minute or one hour sessions. During a session the client lays upon a massage table in comfortable clothing, and in a comfortable position. The practitioner will softly touch the client or may work within their biomagnetic field above their body. The practitioner may use soothing music, tuning forks, or aromatherapy during the session depending upon the needs of the client.

VISUALIZATION THERAPY/GUIDED IMAGERY

"The earliest visualization techniques ever recorded are from Babylonia and Sumaria. Histories of all people, from ancient Egypt," Greece, "and Babylonia through the Middle Ages and right to modern times. It has been a cornerstone of many healing methods." These processes helped the client visualize themselves changing, healing, and being in perfect health. "Many of these early uses of visualization in healing were on a religious or mystical tradition, permeating the thought of the mystery schools." All had a belief in spirit and its power over mind, body, and matter. "They believed that matter was a manifestation of mind. Many modern thinkers express the same belief."[10]

Visualization and guided imagery "utilizes imagery, the natural language of the unconscious mind." This modality helps the client "connect with the deeper resources available to them" the subconscious mind. At the subconscious level of the mind the client is able to access the material of which the conscious mind is unaware. The client can then access the subconscious level of the mind to promote positive change.[11]

At the Washington Institute Doctors of Naturopathy and Visualization Therapists are available for visualizations sessions. Typically the first session is one and one-half hours. The client meets with the practitioner and discusses the area they wish to work on. Then the practitioner helps the client determine their personal goals. The client is guided through relaxation and then images are presented to help the client access change. Typically the practitioner will recommend three sessions. The first being the longest. The second and third are approximately one hour.

NEURAL THERAPY/MYO-FACIAL THERAPY

Neural Therapy is a technique that provides pain relief and aids in return of function and mobility. It is performed by licensed health care professionals such as nurses and doctors. These professionals are trained initially with their formal education and have added additional training in order to perform Neural Therapy. It originated with Dr. Huneke in the 1930's during his consolidation of knowledge of the Autonomic Nervous System. This therapy works on the autonomic ganglia (nerve groups controlling internal organs), peripheral nerves (nerves controlling the extremities, such as arms and legs), scars, glands, acupressure points, trigger points, and segmental points (nerve points controlling segments of the body).

Neural Therapy applies pressure with fingers, small metal devices, or wooden implements. It can also be done with insertion of small hypodermic needles. Also, magnets, low level laser, or electro-stimulation can be used depending on the skills and qualifications of the practitioner.

MAGNETIC THERAPY

"Magnetic therapy is the application of external magnetic fields on the human body for therapeutic benefits. Magnetic Therapy is not new, but it may be one of the most exciting discoveries of the decade for the Americas." This type of therapy is used for a variety of complaints such as: headaches, arthritis, inflammation, fatigue, insomnia, low melatonin and growth hormones, poor circulation, infections, degenerative diseases, toxicity, and wound healing.

Many people ask: How does magnetic therapy work? "Magnetic therapy works because of the electromagnetic nature of the human body. Functionally, the brain generates an electromagnetic current that controls every motor and sensory response in our body. Every cell in our body consists of electrically charged particles that are either positive or negative ions. We even have a significant gland in the crown of our head called the pineal gland, which has its own distinct magnetic field. All are directly affected by exposure to external magnetic fields."

"It is a basic law of physics (the Hall Effect, 1879) that a blood vessel which consists of positive and negative ions will expand when it crosses at right angles to a contrasting, alternating magnetic field. This effectively increases the circulation of blood and oxygen, which is one of the major rationales behind magnetic therapy. More recently the work of William Philpott, M.D. gave further credence to what is occurring with negative field penetration. His research strongly indicates that exposure of

the body to a negative magnetic field acts as energy activator on the oxidoreductase enzyme system to release oxygen from oxygen free radicals and at the same time acts also on the bicarbonate buffer system to produce alkalinity. This is very important in our understanding of the mechanics of magnetic therapy as the body performs at it's optimum in an alkaline/oxygenated environment" at the blood and cellular level.[12]

At the Washington Institute Magnetic Therapy sessions are available with Doctors of Naturopathy and Magnetic Therapists. Typically a magnetic therapy session lasts one hour. During a session the practitioner will place therapeutic magnets on the client in points known historically to assist in their complaint. The practitioner may also combine Touch Therapy and Aromatherapy with their treatment.

REFLEXOLOGY

"From ancient illustrations and artifacts we know the early Chinese, Japanese, and Egyptians worked on the feet and hands to promote better health. Reflexology, as it is known today, is a science and healing art based upon the theory that there are reflex areas, or specific points in the feet and hands that correspond to all the glands and organs in the body. The term "reflex" refers to the fact that these points are responsive to stimulus. Corresponding reflexes are located in the hands."

'The human body is divided into ten energy zones that run from the head to the toes. Every tendon, ligament, organ, muscle, bone, and brain cell is included in one of these zones, and every zone ends at the soles of your feet. Your feet, then, are like mirrors that reflect the entire body. The reflex points corresponding to specific body parts and reflexologists say that working these reflex areas with your thumbs or fingers can help relax those matching spots on the body."[8]

The Washington Institute has a reflexologist available for 30 minute or one hour sessions.

AROMATHERAPY

"While no one called it Aromatherapy until the late 1920's, aromatic plants have played an important role in maintaining health for several thousand years." Aromatherapy began in Egypt and was brought to us through a French aromatherapist Rene Gatfosse. His family owned a perfumery. One day while he was working he severely burned his hand. Trying to find the closest thing to water, to soothe his pain, he plunged his hand into a vat of lavender. Soon after he noticed how fast his wound had healed. This event caused him to ponder the rapid healing and he began studying the therapeutic values of oils.

Therapeutic oils are made from plants put through a heating process, distilling process or plants just soaked in a non-medicinal oil such a sunflower oil. Upon completion of the process the oils are used for their therapeutic values. They work on the body in many ways. "The most obvious is by stimulating the powerful sense of smell. Smells act directly on the brain. Scientific research supports the notion that smelling particular odors has a direct effect on brain activity. Brain wave frequency

studies show that smelling lavender increases alpha waves in the back of the head, which are associated with relaxation. An odor such as jasmine increases beta waves in the front of the head, which are associated with a more alert state."

Aromatherapy can assist in many conditions such as: sinus congestion, poor memory, anxiety, headaches, insomnia, allergies and bronchitis. Clients interested in treating such conditions should first consult with their natural health care provider as oils may cause an allergic or sensitivity reaction. For example: a client allergic to flowers may have an allergic reaction to lavender and those allergic to fruit may have a reaction to orange oil.

If aromatherapy is your choice in holistic health, you can simply add two to five drops of your favorite oil in your bath or place "a couple drops of essential oil on a scent ring, which sits on a light bulb. A longer-lasting way to scent a room is with an aromatherapy lamp" or pot. In this pot, a few drops of your essential oil is mixed with water and is heated with a candle or electricity. Aromatherapy defusers are also available "which reduces essential oils to a fine spray and disperses the scent throughout the room. These are sold in some health food stores" or bed and bath shops.

Essential oils can also be used topically for treatment. "Unlike mineral oils which hang on the skin, essential oils penetrate through the skin and into the blood stream. In most cases the essential oil is too strong for direct application. If your therapeutic oil is strong, it should be mixed with a carrier oil such as sunflower oil and then it can be used topically. The typical mixture is two to five drops of the medicinal oil to one ounce of the carrier oil. Many massage therapist, will use this approach with their treatments.[9]

Aromatherapy is used in conjunction with touch therapy, acupressure, massage, and visualization therapy. An aromatherpy session can be done independently as well, with a variety of therapists. One form of aromatherapy is Raindrop Therapy, which is provided by trained Gary Young practitioners of Young Living Oils.

1 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 5
2 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 5
3 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 8
4 Alternative Medicine: The definitive guide, by The Goldberg Group, Future Medicine Publishing, Inc. pp. 253-271.
5 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, New Choices in Natural Healing, Rodale Press, Inc. pp. 12
6 National Institutes of Health web page, pp. 2
7 National Institutes of Health web page, pp. 2
10 Dynamics of Visualization and Imagery in Therapy, by Patricia Norris, Ph.D., web page 1
11 What is Interactive Guided Imagery, WWW.healthy net, page 1
12 What is Magnetic Therapy? By Uni-flex Magnets web page, pp.1,
8 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 10
9 It's Your Choice, Alternative Treatments in Medical Care, by Cristy Woods, pp. 9

White House Commission on Complementary and Alternative Medicine Policy
CAM Education
February 23, 2001

Good afternoon Commissioners;

My name is David Molony. I am an Oriental Medicine professional and the Executive Director of the American Association of Oriental Medicine.

The Oriental Medicine profession is, by far, the most comprehensive, far reaching, credible, and accepted CAM field of medicine in the United States. We have, in place, national education, accreditation and certification examination standards in acupuncture, herbal medicine and bodywork.

The training for the majority of new practitioners is a comprehensive three to four year program, with the graduates having a solid grasp of our entire field, and the capability to refer within that field. This, combined with a level of Conventional medical training that provides them with the capability to refer to general, specialist, or hospitalist Conventional practitioners as appropiate, rounds out the training. Due to the continued improvements in our education and the history of low claims, our malpractice rates for a $1 million/ $3 million policy have dropped steadily to less than $650, about one-third of what they were ten years ago.

The demand for our services becomes obvious when one looks at the other fields of medicine grasping for our patient share, bypassing our recognized and accredited educational programs in favor of abbreviated "continuing education" courses that do not provide the knowledge, skills, and abilities needed to achieve the consistent outcomes we have come to expect from our field. It is easy, when a Biomedical or Chiropractic physician fails to diagnose or treat properly due to this limited training, to fall back on the very things the patient has come to acupuncture and Oriental Medicine to avoid. Drugs, more Chiropractic, or Surgery. How many patients have trusted their "weekend wonders" to later become disenchanted with the results, thinking that it was the acupuncture that failed? Acupuncture is not "continuing education". It is continual education.

We have fully entered the modern world of credibility, liability, and responsibility, with educational standards, practice guidelines, regulatory oversight by our licensing boards, and the professional peer review process that all provide overlapping avenues of accountability to the consumer. While there may be some place developed by all professions working together for inter-collegial trade of aspects of our prospective fields, there must also be respect for a comprehensive education in each. In this scenario, there must be ethical boundaries shared to develop a knowledge base on what is best for the patient.

We hope that you will all reflect deeply on the facts and concerns expressed in this presentation here today, as it is your commitment to our country and the people of these United States to do what is best, beyond the many strong currents pulling you in so many directions.

Please feel free to contact us with any questions on this and any other subject relative to Oriental Medicine.

American Association of Oriental Medicine
433 Front Street
Catasauqua, PA 18032
888-500-7999
Fax- 610-264-2768
aaom.org

Remarks of Michele Forzley, J.D.
to
The White House Commission
on
Complementary and Alternative Medicine Policy
Washington, D.C.
February 23, 2001

The Commission has an opportunity in its policy recommendations in the area of education and training to accomplish many goals. First and foremost, I urge that it recommend that a system be developed to harmonize guidelines to be followed by states and professional associations in the development of legislation and requirements for education and training of CAM providers. As a consequence, the Commission will take a giant step towards harmonized licensing and credentialing standards.

Currently, there are conflicting educational standards between states and countries outside the US and in the case of several modalities, no standards. The conflicts lead to some modalities being legislated out of existence, such as recently occurred in Maryland with massage therapists versus other touch healers. Another problem lies with the lack of cohesion and capacity amongst practitioners to politically articulate on their behalf. This is so either while a legislature or administrative body is considering a rule or when it becomes desirable to posture to develop applicable rules such as the case when one modality needs to be distinguished from another.

In addition to the benefits a system of harmonized education and training guidelines will offer the world of CAM, there is indeed a larger community that will benefit from this work. That community is the world of all health care professionals who face differing requirements from state to state and from country to country. While you may be thinking that this is not a problem, I would suggest you consider the practice of telemedicine, made possible through technology. There is no national system to ensure that physicians and other health care practitioners are able to practice across state and lines through the medium of telemedicine. Also, we should not forget the geographic areas of the US, such as DC metro, where it is almost impossible to not cross state lines in a practice, whether telemedicine or not. I might add this issue is not unique to health care. It beleaguers lawyers too.

Models do exist on how to bridge conflicting state and national rules and the equivalencies integral to the process already exist. The first model is European Council Directive 92/51 and amendments, which in 1992 began the European wide system by which the education for all trades would be recognized by neighboring states. Coincidentally, the Directive was specifically determined to be applicable to practitioners

of complementary and alternative medicine in November 1998.

The second model is the International Treaty on Telemedicine, for which I am one of the drafters, as a member of the International Bar Association Committee 2. The treaty is now being considered by the World Health Organization and establishes a harmonized system to recognize educational and licensing standards across national lines.

The third item is a tremendous body of work, which identifies the equivalencies in education and training. Alternative Link, Inc has done that work. There is no need to see how differing state rules can be compared. That is done. The Commission need only determine the rules it wishes to recommend.

Lastly, I refer the Commissioners to the Business Model Pilot Study I reported in my written remarks for December 4, 2000. That study reported that the basics of business should be at least an elective in coursework for all practitioners. As a result of that finding, my office has developed a curriculum which is being tested in Boston on March 15, 2001 and a similar element has been added to the program this August 4 on CAM law and business issues at the annual meeting of the American Bar Association.

For further information, Michele Forzley may be contacted at 301-565-1693 or mforzley@tiac.net.

Biography of Michele D. Forzley, J.D.

Michele Forzley is an attorney and business consultant with 24 years of experience, who focuses her practice on new directions in health care, shaping health care policy and practice, alternative and complementary medicine, international health law and public health issues and health care business practices. She also is an international business transactions lawyer and serves as independent general counsel to her client companies and institutions.

Michele is Vice Chair of the American Bar Association International Health Law Committee and Chairs the Committee on Complementary and Alternative Medicine (CAM) Law, which she founded. Michele edits the American Bar Association International Health Law News. She was a member of the International Bar Association Medicine and Law Drafting Committee on Telemedicine which authored the International Telemedicine Treaty, presented to the World Health Organization. She has also served as a Jessup International Moot Court Practice Judge.

She began The Center for Complementary and Alternative Medicine Law and Business in 1999, whose mission is to be a source of guidance and information on the legal, ethical, regulatory and business issues confronting the complementary and alternative medicine community. The Center does this through its web site, special projects, speaking and consulting services. The community includes all persons, governmental agencies, providers, regulators, patients, practitioners, and organizations who are involved in complementary and alternative medicine.

Michele earned her J.D. from New England School of Law and her B.A. in Sociology and Economics from Simmons College, both in Boston. She has studied private international law at the Hague Academy of International Law at the International Court of Justice in the Netherlands, Mind-Body Medicine and Spirituality and Medicine at Harvard Medical School and Health and Human Rights at the Harvard School of Public Health. She has been an adjunct professor at the Lubin School of Business at Pace University in New York and an adjunct professor of international business transactions law at New England School of Law.

Michele speaks, writes and consults worldwide on topics related to the changes in health care. She serves on one of the special international boards of the St. Jude Children's Research Hospital and has served on the boards of the Lower East Side Service Center and the Arab American Family Support Center; both healthcare organizations located in New York City.

3120 Lee Street
Silver Spring, MD 20910 USA
301-565-1693 tel * 301-565-1694 fax * mforzley@tiac.net