STATE OF MINNESOTA
BOARD OF NURSING

White House Commission

Complementary and Alternative Medicine

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2829 University Avenue SE, Suite 500
Minneapolis, MN 55414-3253

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Minnesota Complementary and Alternative Health Freedom of Access Act and Professional Nursing Practice

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The Minnesota Complementary and Alternative Health Freedom of Access Act (Minnesota Statutes 146A) provides for which practitioners will be able to practice as unlicensed complementary and alternative health care practitioners under the jurisdiction of the Department of Health, definitions, reporting obligations, grounds for disciplinary action, and a Client Bill of Rights. The Minnesota Nurse Practice Act provides for which individuals are able to practice as a licensed nurses under the jurisdiction of the Board of Nursing, definitions, reporting obligations, and grounds for disciplinary action. Neither law clearly provides for how a licensed nurse may practice complementary and alternative health care. This lack of legal clarity has contributed to confusion and concern for nurses who provide complementary and alternative health care practices.

The definition of complementary and alternative health care practices included in the law is not descriptive and explanatory but is an inclusive, but not limited to, list of practices that have been usually recognized as outside the mainstream of health care. The definitions of nursing in the Nurse Practice Act do not include these complementary and alternative modalities. This lack of inclusion in the legal definitions of nursing and the lack of standardization for such practices in nursing education curricula and competence measurement mean complementary and alternative health care practices are not within the legally-defined scope of nursing practice in Minnesota.

Two provisions in the Complementary and Alternative Health Freedom of Access Act further contribute to the confusion of nurses who practice complementary and alternative therapies. The law defines an unlicensed complementary and alternative health care practitioner as a person who is not licensed or registered by a health-related licensing board or does not hold oneself out to the public as licensed or registered by a health-related licensing board when engaging in complementary and alternative health care practices. The effect is that a nurse may practice as an unlicensed complementary and alternative health care practitioner under the jurisdiction of the Department of Health; however, if the individual, who is also a nurse, identifies oneself as a nurse, the individual is subject to the jurisdiction of the Board of Nursing. And, as described, the legal definition of nursing does not include the practice of complementary or alternative

health care practices. The Client Bill of Rights requires the unlicensed complementary and alternative health care practitioner to divulge the degrees, training, experience or other qualifications of the practitioner to provide that complementary or alternative care. Does this require the unlicensed complementary and alternative health-care practitioner to reveal education as a nurse? And if one identifies nursing education, is the effect that the individual is holding oneself out as a nurse? Nurses often ask if they may identify their RN title or education as a nurse on business cards. Additionally, nurses occasionally provide complementary or alternative therapy in a hospital setting where they also provide traditional health care.

The Client Bill of Rights provided to the client must declare "THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. " While basic nursing education programs may include learning to complement traditional treatments with techniques such as focused breathing and relaxation, massage, guided imagery, music, humor and distraction, few nursing programs include such alternative practices as herbology, homeopathy, colostrum therapy or Qi gong energy healing.

A license to practice nursing provides to the public a confidence that the nurse has met certain education and competence requirements. Complementary and alternative health therapies are not usually included in those expectations. Many nurses who practice complementary and alternative health care posit that preparation and experience as a nurse enhance their ability to practice a complementary or alternative health practices. However, one does not have to be a nurse to practice the same complementary or alternative therapies.

The Board of Nursing is aware the confusion and concerns of nurses who practice complementary and alternative therapies. Integration of these modalities into the conventional health care system is expected. The challenge to "conventional" regulation is to provide the consumer with clear and useful information regarding expectations of licensed nurses and to provide data to nurses in a similar manner.

Thank you for the opportunity to testify at this White House Commission.

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Testimony Before the White House Commission on Complementary Care

16 March 2001

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Good afternoon, Honorable Mr. Chairman and Honorable Commissioners. It is my pleasure to speak with you this afternoon regarding legislative implications of our efforts to provide non-medical health care services, educational programs, and the development of collaborative and integrative provider relationships in what is essentially a highly political climate. I serve as Vice President for Institutional Advancement at Northwestern Health Sciences University, a small multi-program institution here in Minneapolis with professional training programs in chiropractic, oriental medicine and acupuncture, therapeutic massage; academic programs in undergraduate studies and a graduate program in integrative health and wellness.

I will spend my brief time with you focusing on areas of policy development that I believe would have a real and beneficial impact on improving the quality of health care to the American public with the prospect of very real cost savings.

From the perspective of CAM providers, one of the greatest potential problems is that the exciting pace of developing integrative health care initiatives is blurring a very fundamental fact: that in mainstream medicine's rush to adopt complementary practices too often the cultures that have nurtured and developed those practices are not receiving much attention. Particularly where there is a history of political adversity, respect for the intrinsic culture of professions that have been disparaged for many years is absent all too often.

We must remember that integrating health care delivery is at its heart a blending of cultures, and it is very difficult for the dominant culture—mainstream medicine—to remember the need for sensitivity and respect.

The difference between co-option of CAM procedures by licensed health professionals and the support of CAM communities to provide those procedures can be stark. Much as we have found that isolation of bioactive compounds from naturally-occurring substances provides only a portion of the full spectrum of the original effects, so too we must be careful that "CAM-grafting" practices into mainstream medicine do not too greatly limit the potential of their application. Nor must we forget that, fundamentally, clinical decision-making by non-allopathic providers utilize, in many cases, very different factors and influences that can fundamentally affect clinical outcomes.

These forces play out frequently in legislative battles as some professions seek to mature and improve the quality of patient care delivery but find themselves limited by inaccurate or misleading scope of practice laws, while other professions seek to stabilize and qualify themselves as legitimate care deliverers, but find themselves stymied and locked out by competing forces.

In Minnesota, for instance, doctors of chiropractic operate under antiquated scope laws, but find tremendous opposition from political medicine when seeking to have their laws reflect their training. Even this year, for example, in contrast to improving professional and clinical referral relationships, political medicine has sought to legislatively prevent doctors of chiropractic from using their training to provide accurate and cost-effective athletic physical examinations. This battle played out recently over truck-driver examinations as well, and was resolved in large part because of federal support for the qualifications of doctors of chiropractic to perform them.

My first policy recommendation, then, is this: there must be federal-level support for minimizing local legislative conflicts. Where licensed health professionals have educational standards based on federally recognized accreditation bodies, scopes of practices should reflect the training received, and not be contested state by state.

Professional maturation ultimately benefits the consumer. Efforts to constrain these beneficial processes add needless costs to our system. Models for this type of scope already exist in some states, and replication needs federal support.

My second policy recommendation is this: there must be federal-level support for examining the professional and historical cultures that have given rise to CAM practices, procedures and professions.

We have learned too late that careless and arrogant absorption of indigenous peoples into our northern European culture has come at a tremendous price in lost information, tradition, values, and healing arts. I submit to you that a corollary exists in health care, and the overwhelming degree of cultural dominance by mainstream medicine makes it very easy to overlook potential benefits and values of respectfully preserving aspects of the cultural practices it is interested in making use of—even when they are not well-understood.

My third policy recommendation is this: that there must be federal-level legislative and funding support for the development of non-allopathic academic health centers.

I suggest to you that there is potentially more to be gained by supporting the maturation of institutions that are educating CAM professionals than there is through co-option and absorption. Again, because the cultural differences in some cases are so great—even as they may be synergistic and complementary with mainstream medicine—but vulnerable to careless treatment, CAM educators need to be relieved of the pressure of seeking local legislative redress. Particularly when the medical system is under such evolutionary stress, resource allocation is a tremendously competitive challenge. Support for such CAM academic health centers offers fascinating opportunities for cross-training and shared clinical experiences that ultimately would benefit consumers immensely.

My fourth policy recommendation is this: there must be continued and expanded federal support through the National Institutes of Health to conduct research which examines whole non-medical health care cultures, practices, delivery methods and effectiveness by means that do not seek to extract and isolate modalities and procedures.

We already know that most, if not all, non-medical practices do not lend themselves well to randomized double-blinded placebo-controlled clinical trials. We should embrace the challenges of multivariate research studies of CAM cultures and practices.

In summary, the pressures of participating in a health care system that is under great duress play out differently with different types of providers and cultures. Where local legislative considerations figure in, particularly in areas of scope and resource needs that are very difficult to not view competitively, achievements which contribute to the greater good too often require debilitating legislative battles that result in hardened attitudes and increased resistance on both sides. Federal support that moves these discussions to a different, less-competitive level of discourse is vitally needed.

I thank you again for the opportunity to provide this testimony, and would be happy to answer any questions you may have.

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March 16, 2001

To: White House Commission on Complementary and Alternative Medicine Policy

Dear Commissioners:

I am an Oregon licensed Naturopathic Physician practicing in the unlicensed state of Minnesota. I have been in St. Paul since April of 1984.

Naturopathic Physicians have been in the United States since 1896 to foster health through the use of noninvasive methods such as sound nutrition, vitamin and mineral supplementation, homeopathy, botanical medicine, therapeutic exercise, prenatal education, natural childbirth, and more recently Oriental and Ayurvedic medicine. We also receive training in basic medical skills such as performing physical examinations and PAP smears.

I feel that N.D.s are the "original" CAM providers and the true pioneers in a hostile medical environment that is only recently seeing our worth.

While I would rather speak on how well-trained naturopathic physicians could impact the direction of health care in Minnesota, I have been asked to give my thoughts on the new Complementary and Alternative Health Care law, now in the Minnesota Statutes as Chapter 146A.

What I like about the new law is found in Subdivision 1 of 146A.02. It states that the Office of unlicensed complementary and alternative health care practice, which is within the Minnesota Department of Health, shall serve as a clearinghouse on CAM practices and practitioners through the dissemination of objective information to consumers.

I like this because I think it will raise the public's awareness of the numerous choices they have available to them for their health care. I like that it will be objective information, because I feel that the decades of bias toward any unconventional healers and their methods has been both costly and damaging.

What I don't like about the bill is that it requires each patient or client to read and sign a very cumbersome "Client Bill of Rights" prior to receiving treatment. I find the statements range from the obvious to the demeaning. I already practice by a Code of Ethics established by naturopathic physicians and the state of Oregon where I have held my naturopathic physician's license since 1983.

"Healy" continued

The state of Minnesota has not adopted any educational or training standards for naturopaths, so as a group, we find our impact is negligible when compared to the inroads naturopathic physicians have made in Washington state regarding primary care, research, and integration.

Historically speaking, naturopaths have worked toward licensing Minnesota since 1909. But other political and financial interests have defeated these attempts at recognition. According to this law, it is prohibited conduct for us to use the title "doctor," "Dr.," or "physician" alone or in combination with the word naturopath. If we do, it is grounds for disciplinary action and possibly revoking the right to practice.

This is deeply concerning, because as this Minnesota law is being touted as a "model law", it is hostile to those dedicated individuals who have attained the highest educational level available in the realm of natural medicine. It is insulting and it diminishes our worth to the point of abolishment.

I would like to see two things happen in Minnesota. I want to see a fair licensing bill introduced and passed for naturopathic physicians. And I want to see a successful naturopathic college with a 4-year program graduating competent and compassionate N.D.s.

Thank you.

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Dr. Healy is the immediate past-president of the Minnesota Association of Naturopathic Physicians

One hundred years ago, natural forms of health care were a major and integral part of our society. But you perhaps all know the story of the Flexner Report, and the tragic effect it had on the natural healing arts. The Flexner Report made recommendations regarding educational standards - that only those schools which emphasized the chemical and biological sciences would be accredited. The fallout from those recommendations was that all other schools lost funding, lost ability for their graduates to legally practice, and ultimately, closed. Educational standards eventually metamorphosed into licensure requirements, which fenced out many wonderful healers. Sadly, the knowledge and skills of homeopathy, herbal medicine, and, indeed, the philosophy of natural healing almost disappeared entirely from the face of America.

Now that we are once again contemplating the future of alternative health care, we would do well to learn lessons from the Flexner report. If we try to force the passing on of ancient wisdom into a rigid, regulated model, what richness might be lost in the process? If we license a few isolated modalites, in an attempt to promote natural health care, what will happen to the hundreds of other modalites? They are still illegal to practice? If we really think that licensure is the effective way to become mainstream, will we license Reiki? And then Qi Gong? Feldenkreis? And then homeopathy? How about aromatherapy? Healing touch? Shiatsu? Gerson therapy? Ayurvedic? Hydrotherapy? Jin Jin Jitsu? Tui Na? Anthroposophy? Colostrum therapy? How far will we go before we get weary, leaving hundreds of spectacularly effective modalities in illegal status, probably to die out completely. If we start down the path of selective licensure, we may end up destroying the healing arts, only this time, we will have done it to ourselves.

This would be a tragedy, and we must find a better way, so that the wisdom of all of the healing modalities will remain accessible to our children and grandchildren.

Recommendations for a Broadly Based and Inclusive Approach

Legal reform should be introduced in every state which would accomplish the following:

Unlicensed Practitioners

- Create a new jurisdiction for unlicensed practitioners which would provide an exemption from the medical statute for those practitioners under the regulatory framework.

- Avoid mandating a particular type or extent of education for practitioners, as long as they provide clients with truthful information regarding their education and training, and practice within reasonable conduct guidelines.

- Provide a mechanism for consumers to register complaints regarding prohibited conduct, and for follow-up investigation and enforcement.

- The definition of alternative practitioners covered under this jurisdiction should be broad enough to cover all existing modalities, as well as potential new ones. If examples are listed in a statute, language could be used which says "including but not limited to..."

Licensed Practitioners

- Create the flexibility for licensed practitioners to practice outside of the "customary standard of care", provided that there is disclosure to clients that this is outside of the standard of care, and that the alternative treatment is not more harmful than the customary treatment.

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Transcript of Oral Statement

4th White House Commission on Complementary and Alternative Medicine Policy
Town Hall Meeting
March 16, 2001
Cowles Auditorium
Hubert Humphrey Institute
University of Minnesota

Introduction

Thank you for allowing me to address you today on the access to and delivery of pediatric complementary and integrative care. My name is Susan Hageness. I am a nurse and the director of *Children's Hospitals and Clinics Integrative Medicine and Cultural Care program* in Minneapolis and St. Paul.

Children's Hospitals and Clinics is a not-for-profit, comprehensive health care provider serving the diverse needs of children from infancy through adolescence. With 268 staffed hospital beds, we are the largest children's health care organization in the upper Midwest with services available in all major pediatric specialties.

Program Overview

For the past two years I have had the pleasure of being the program director of *Children's Integrative Medicine and Cultural Care program.* During this time, I have gained some insights into how to provide safe and effective pediatric complementary/integrative care.

First, find out if your clients are using or want to use CAM. In order to assess the use of CAM by our pediatric clients, our program staff surveyed 281 parents of general and sub-specialty clinics from February 1999 – September 2000. The preliminary, unpublished analysis of our survey has found that 52% of our pediatric patients are already using some form of CAM, and only 4% of those parents surveyed reported using CAM with their children due to dissatisfaction with standard health care.

Specific Programmatic Components

Our Integrative Medicine program incorporates four components that I believe are essential for the effective functioning of any CAM program:

1. Provision of pediatric integrative therapies/clinical services
2. Education and information services in pediatric integrative care
3. Research in specific pediatric integrative therapies
4. Integration of cultural care practices

Provision of Pediatric Integrative Therapies/Clinical Services

One of the failures I have seen in other CAM delivery models has been the segregating of integrative clinical services in stand-alone clinics. Since the start of *Children's Hospitals and Clinics Integrative Medicine and Cultural Care program,* we have integrated our CAM clinical services into both the inpatient and outpatient care settings. By not segregating our pediatric integrative clinical services, staff through-out Children's system has had greater exposure to these "new" care approaches and have also seen the value in integrating CAM into the standard medical care practiced here.

Perhaps the greatest barrier to the delivery of CAM here at Children's has been the re-imbursement issue. Our CAM services have either been supported through fee-for-service payment or modest philanthropic support. We have received occasional re-imbursement for massage therapy and acupuncture services. Our concern has always been for the equitable delivery of our CAM services, so that no matter what your socio-economic status, our clients can receive integrative care. With no established re-imbursement mechanism, we jeopardize serving those clients who can not afford to pay out-of-pocket for our pediatric CAM clinical services.

Education and Information Services in Pediatric Integrative Care

The second component of our integrative medicine program supports most of the other work that we do. If you do not educate providers who have been mostly trained in allopathic medical care, and provide them with reputable information on pediatric integrative medicine, then those providers will not refer patients for CAM clinical services and will not integrate CAM into their practice models.

Research in Specific Pediatric Integrative Therapies

The third component of *Children's Integrative Medicine and Cultural Care program* revolves around the need to do research in pediatric integrative therapies. Outcomes research will not only support the development of practice standards in pediatric integrative care, but will also help "make the case" for re-imbursement of CAM to third-party payers.

Currently, we have two research studies underway at Children's. Our first study is using clinical aromatherapy as an adjuvant therapy for chemotherapy nausea in conjunction with standard treatment for childhood cancer. Our second research study is looking at the effects of massage therapy on children with cancer and their parents.

Integration of Cultural Care Practices

The last component of our integrative medicine program involves incorporating cultural care into our services. The World Health Organization report of the late 1990's found that 80% of the world's population did not use allopathic (Western) medicine as it's primary form of health care. *Children's Hospitals and Clinics Integrative Medicine and*

Cultural Care program has always recognized that we can be a bridge for those cultural communities who see Western medicine as their CAM!

Our program currently has web page information through Children's main web site (www.childrenshc.org) that offers staff information on how to provide culturally competent care to Hmong clients, and we will soon offer information on Somali and Latino clients, as well.

Closing Statement

Children's Hospitals and Clinics Integrative Medicine and Cultural Care program has found that to effectively integrate CAM into standard care here at Children's, four components are needed to support that integration:

1. Provision of pediatric integrative therapies/clinical services
2. Education and information services in pediatric integrative care
3. Research in specific pediatric integrative therapies
4. Integration of cultural care practices

However, if CAM clinical services are not supported through public policy and re-imbursement mechanisms, then the continued integration of CAM into pediatric health care will not be sustainable. We found in our recent survey that 52% of our pediatric patients are already using CAM. The time is now to provide our children and health care practitioners with the means to use pediatric CAM safely and effectively.

Preliminary Data (Not For Publication)

Post-White, J., Sencer, S.F., Fitzgerald, M., et al. (2001).

Survey On The Use Of Complementary and Alternative Medicine By Children

Use of CAM by Pediatric Patients

- Convenience Sample of parents seen in general and sub-specialty clinics from February 1999 - September 2000
- Clinics were surveyed consecutively

Post-White, J., Sencer, S., Fitzgerald, M., et al (2001)

Use of CAM by Pediatric Patients: Survey Items

- 30 items
- Use by Parent
- Use by Child
- Desire for information or clinical services
- Ability to access providers
- Reasons for use

Use of CAM by Pediatric Patients: Survey Items

- Have they discussed use with provider
- Why/why not
- Payment for cost
- Demographics

Demographics of Sample

• Child		• Parent	
• African Am	8%	• African Am	7%
• Native Am	2%	• Native Am	2%
• Asian	3%	• Asian	2%
• Hispanic	1%	• Hispanic	1%
• Caucasian	76%	• Caucasian	82%
• Other	7%	• Other	3%
• No response	3%	• No Response	3%

52% of the Sample Used Some Form of CAM

CAM Therapies for Pediatric Patients

Want Information On		Want Clinical Services	
• Herbals	13%	• Massage	15%
• Homeopathy	12%	• Relaxation	10%
• Acup/Acupr	11%	• Chiropractic	9%
• Aromatherapy	11%	• Prayer, Meditation, Acupuncture, Herbals	8%
• Megavits	10%		

Total users were 52%

CAM Therapies in Pediatric Pulmonary

Most often USED		Greatest INTEREST IN	
• Prayer	20%	• Massage	25%
• Megavits	17%	• Megavits	20%
• Chiropractic	12%	• Prayer	20%
• Massage	12%	• Relaxation	20%
• Aromatherapy	9%	• Herbal Therapy	17%
• Herbals	9%	• Nutritionals	17%
• Music Therapy	9%	• Acupressure	16%
		• Meditation	16%

Total users were 51%

CAM Therapies in Pediatric Epilepsy

Most often USED	
• Chiropractic	38%
• Prayer	33%
• Nutritionals	29%
• Music Therapy	24%
• Acupuncture	9%

Total users were 62%

CAM Therapies in Pediatric Cancer

Most often USED		Greatest INTEREST IN	
• Prayer	41%	• Massage	14%
• Nutritionals	16%	• Nutritionals	14%
• Megavits	16%	• Herbal Therapy	11%
• Massage	16%	• Homeopathy	11%
• Chiropractic	11%	• Megvits	8%
• Imagery	10%	• Art Therapy	7%

Total users were 59%

CAM Therapies in Pediatric Sickle Cell Disease

Most often USED		Greatest INTEREST IN	
• Prayer	39%	• Energy Healing	39%
• Massage	21%	• Massage	39%
• Acupuncture	11%	• Aromatherapy	33%
• Herbal Therapy	11%	• Acupressure, Art Therapy, Craniosacral, Herbal therapy, Music Therapy, Nutritionals	28%
• Music Therapy	11%		
• Megavits	11%		

Total users were 47%

Use of CAM by General Pediatric Patients

• Prayer	20%
• Chiropractic	10%
• Megavits	9%
• Massage	8%
• Nutritionals	7%

Total users were 52%

Reasons for Use in Pediatrics

• Parent Used	37%
• To help fight disease	33%
• Recommended to me	31%
• To be more hopeful	30%
• To manage side-effects	29%
• To cope	29%

Reasons for Use

- Only 4% reported using due to dissatisfaction with standard health care

Experienced Ill Effects from CAM

No 81%
Yes 3%
No Response 16%

48% Told Health Care Team about ALL of the CAM
18% Told about Some

28% did not tell their HCP because <u>they were never asked</u>

75% Found CAM Services to be Easily Accessible

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Transcript of Oral Statement

4th White House Commission on Complementary and Alternative Medicine Policy
Town Hall Meeting
March 16th, 2001
Cowles Auditorium
Hubert H. Humphrey Institute
University of Minnesota
Twin Cities Campus

Introduction

I am Pam Ahrens, Family Information Specialist and medical librarian with Children's Hospitals and Clinics Integrative Medicine, and I am addressing the Delivery of Reliable and Useful CAM Information for Health Professionals and the Public.

(Children's system is a not-for-profit, comprehensive health care provider with 268 staffed hospital beds, 4 hospital sites, and 5 outpatient locations in the Twin Cities metro area. It is the largest children's health care organization in the upper Midwest, with services available in all major pediatric specialties.

Children's Integrative Medicine Program began two years ago, and currently includes eight health care professionals involved in a variety of clinical, educational, and research activities. Inpatient and outpatient holistic assessment/consultation and CAM treatment modalities include aromatherapy, acupuncture/acupressure, healing touch, massage and infant massage, biofeedback, hypnosis and relaxation techniques, integrative cancer care, herbals/botanicals, and spiritual guidance.)

Overview

We know that the public has immediate, direct access to health information, medicine and medical products online, and they readily use what they find with their children. Over 70% of Minnesotans have access to the internet, 54% of all adult internet users are searching for health information, and the top 10 subjects searched include Children's Health and CAM. (1, 2) **In our clinics at Children's, 52 % of the surveyed patients' families already use CAM therapies with their children, 49% of a specific survey group want CAM information provided through**

Children's, and the top 5 subject areas wanted are: herbals, homeopathy, acupuncture/acupressure, aromatherapy, and megavitamins. (3)

Pediatric CAM Information Needs

My Integrative Medicine role is to facilitate the sharing of quality CAM information with health professionals and patients' families throughout the patient care process. On a daily basis, I am asked for information on CAM clinical trials, dosing, adverse effects or interactions, treatment guidelines or options, herbs, vitamins, supplements, immune boosters, or other CAM products and therapies specific to children. Examples of these requests are:

- **A pharmacist with an ICU patient whose parent wants to mega-does the child with an immune booster supplement**
- **A mom who wants to know about holistic therapies for colic because nothing else works**
- **An ER manager who needs to know what might be in the 5-powders mixture that was fed to a comatose patient**
- **A parent and pediatrician who want information on a fat reducing product for a depressed adolescent**
- **A surgery team working with a mom who wants to use magnet therapy pre and post-op**
- **A non-English speaking family who wants information on ADHD because of their child**
- **The grandparent of an inpatient who wants to give aloe vera juice to her grandchild**

Issues With Delivery of Reliable and Useful CAM Information

The millions of health-related information sources that the public accesses everyday cannot be ignored by providers who are often put into a position of just having to

react, even though it is extremely time-consuming to quality-filter that kind of information, because health consumers are readily buying and using unconventional products or therapies for themselves and for their children based on whatever information sources they access. Physicians and other health professionals expect to find the same kind of information support that is out there for mainstream medicine, and are accustomed to the quick Medline-type retrieval of applicable research data, reviewed literature and protocols, and drug/product/treatment evaluation, but this is still very limited in CAM and especially pediatric CAM. As an informational professional, I routinely search a vast number of databases, web sites, print and non-print materials, and evaluate for criteria-based CAM information, but I still struggle with the critical review of difficult information or product sources, background checking and experiential data, or trying to uncover what might apply to children.

Opportunities for Involvement in the Delivery of Reliable and Useful CAM Information

Health professionals at Children's and elsewhere need to get actively involved in quality-filtering and offering reliable pediatric CAM web information and materials because families are asking for it. For health professionals and consumers alike, help is needed in providing access to tools, training, and support for evaluating information about health resources and experts, therapies and techniques, products and manufacturers, and health on the Net; and the pediatric world needs more evidence-based information and research on CAM for kids.

1 Cyber Dialogue 2000.
2 Cybercitizen Health 1999, a Deloitte Consulting-Cyber Dialogue Study.
3 Complete survey analysis of The Use of CAM by Pediatric Patients at Children's Hospitals and Clinics, Minneapolis/St. Paul, is still in preparation.

March 16,2001

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Thank you for the opportunity to provide my testimony. Today, I wish to speak to you about two subjects related to the topics under discussion. The first being the necessity of educating health care professionals in the recognition of complementary and alternative medical practices, and the second in looking at those same practices as a means of helping to alleviate the rising prescription drug costs for the elderly in our country.

My background in these subjects includes over thirty years of experience in using complementary and alternative medicine and over twelve years experience as a registered nurse in settings that include hospitals and home care.

- Whatever your stance on the use of CAM there can be no doubt that the American public is spending millions of dollars yearly on them. During the last half of the 1990's I began to see an increasing number of the patients I encountered in their homes and in hospitals using CAM products that included herbal and homeopathic preparations, and nutritional supplements, among others. In many instances patients concealed their use for fear of being ridiculed or interfered with by their care givers. Only by building trust between us were some patients finally comfortable enough to openly discuss their own involvement in CAM. During these discussions I often found that the patient made his or her choices based on inadequate or erroneous information. A very few people were well informed and understood the possible interactions between CAM and the more conventional treatments they were receiving. Most weren't.
- At the same time, the professional care givers charged with advocating for and protecting those patients were usually even less informed. Reasons for that included lack of exposure and information, their own biases, and a lack of appreciation for how thoroughly CAM has permeated our society.
- If we as health care professionals are to continue to deserve the trust and

responsibilities to educate and protect that come with our role we must become more informed about CAM practices now.

Moving to the subject of prescription medicines:

Studies released this week show that the cost of prescription drugs is the fastest rising portion of health care costs in our country. The elderly are among the largest consumers of these drugs and the hardest hit by their rapidly rising cost. Perhaps there will be some solutions found in economic and political maneuvering but such huge economic interests will be difficult to sway.

- I recommend that we look to the many CAM practices available that would help any number of the ills the elderly are prone to and do so inexpensively and safely. I would especially promote the use of herbal and homeopathic remedies. An herbal diuretic prescribed for hypertension, for instance, may provide effective relief for just pennies rather than its the more expensive drug counterpart.
- To counter the claim that many of these remedies are unproven it is easy to point to the many that are using any measure of science found in this country or in Europe.
- If we had the will to do so we could offer these affordable alternatives to our elderly population soon.

This is the end of my testimony.

Address to the White House Commission on Complementary and Alternative Medical Practices. March 16, 2001 Minneapolis, MN

My Name is Kate Birch, I am a homeopath and a Massage therapist
I am here today to discuss solutions for point #4: The delivery of reliable and useful information on complementary medicine to the public.

My understanding is that the public has been limited to the access of CAM practices through the public and collegiate educational systems. The absence of curriculums designed to embrace CAM healing concepts limits our exposure to the possibilities in our own health choices. Our educational system is based on a reductionistic and mechanistic view of life. Furthermore, as there is a separation of church from state, this education system negates any understanding into the development of the human spirit. Tragically this mechanistic view of the world has been fully developed into the existing medical model.

Allopathic methodology is molded by the following principles:

1) Disease processes are a mechanistic and physiological phenomena of the body.
2) Infections are due to the microbes instead of the susceptibility of the person with the infection.
3) The mind and spirit are separate from and play no part in pathological processes.
4) Disease is seen as an invader of the body so it must be cut out, annihilated or otherwise suppressed in order to manage it.
5) Unless it can be registered by test or mechanical device, any symptoms expressed by the person must be imaginary or phsycosomatic.

At this moment healing modalities are becoming more and more wide spread but the biggest limit for the consumer to them is education. Superstition, fear, ignorance and naivete rooted in the public education system about concepts having to do with spirituality, energetic understandings about life, or the true nature of our internal healing mechanism is limiting the American publics' right to the healing modalities that respect them as an integration of mind, body and spirit.

Contrary to conventional medicine most CAM practices operate under the following principles

1) There is a dynamic life force that regulates health and disease.
   This has been called i) chi
   ii) the Vital force
   iii) the healing principle
2) Mind, body and spirit effects all disease and disease processes.
3) The origins of disease set in long before anything can be registered by any diagnostic machine or test.
4) That each disease is individual to the person who is experiencing the disease and is based on their own unique susceptibility.

One only has to look at the crisis within public educational systems to see there is something inherently missing in an education system that denies vitalistic principles, sees people as mere protoplasm and negates any spiritual recognition of the individuals that get churned through the system. The increased occurrence of hyperactivity, ADD, violent and abusive behavior, marginalized academic and social skills , apathy, indifference, alienation and defiance, which are common mental and emotional disorders in school age children mark the expression of an individual who's soul and character has not been recognized in their educational environment.

Remedying the educational system to incorporate some of the following solutions will have the effect of not only exposing the populace to CAM theories but would also be therapeutic in itself and reduce the need for palliative conventional medical intervention.

With this understanding I offer some solutions.
Education at the primary, high school and collegiate level to include:
1) The theory behind vitalism and healing.
2) History of medicine be reviewed in encyclopedias and amended to include more comprehensive and unbiased material on great physicians or trends of thought with regards to healing practices that have otherwise been omitted, disregarded or disparaged as they offer ideas and conclusions contrary to allopathic medical practices.

For example: Samuel Hahnemann, founder of homeopath was one of the great thinkers in the 1800's comparable to Einstein and Hippocrates yet fails to be recognized as such; the fact that Susan McKinney-Steward, the first Black American female physician was actually a homeopath yet that piece of information is deleted from most American history books; that while Louis pasture developed the germ theory which our current understanding of disease is based upon, but his latter works, when he detailed that the susceptibility of the individual was the primary reason for infections, are completely ignored.
3) Design curriculums where the concepts of Mind, Body and Spirit are discussed and incorporated into learning strategies.
4) Have courses open as to metaphysical science and practices, meditation, hands on healing practices.
5) Explore and apply principles in Anthroposophical education within the public school setting.

Rudolph Steiner's Waldorf curriculum is based on a spiritual view of the child and this educational system is focused on the emerging human spirit. Though spiritually based Waldorf education is not religious based. It draws from religious texts from around the world, concepts and ideas to bring greater understanding into the human spirit and its evolution.

I believe that not only will the public and society as a whole greatly benefit from such implementations, the access to information on CAM practices will become a part of our cultural makeup and CAM practices will become the norm rather than the exception.

Thank you.
please note attachments: Where Modern Medicine Fails Us
with addendums , What is Homeopathy and Forging the Link Between Homeopathic Medicine and energetic healing. Which further expound on these ideas.

Kate Birch
English 1A
May 9, 1988
Revised May 8, 1998

Prepared for WHCCAMP, March 16, 2001

Where Modern Medicine Fails Us

Every form of medicine that has ever existed, Chinese, Greek, Egyptian, Asian, etc., all but Allopathic (modern or western) medicine, operates with the philosophy that there is a vital force in the human system that governs ones state of health. All medical practices except modern medicine aim at attuning this vital force. This vital force is seen as an energetic system which vibrates at certain frequencies. These frequencies though not yet measurable, result in the manifestation of the overall state of health or disease in the human system, viewed not just in terms of the physical body but as a totality of spiritual, mental, emotional and physical qualities.

A healthy individual has a vital force that is elastic to all levels of stimuli. It is capable of regaining equilibrium after being exposed to either physical, mental or emotional stressors. However, if the system is not healthy, or if the strength of the stimuli is too great, it will be unable to return to a healthy state of balance on its own. This original disturbance can and will manifest itself as symptoms on all levels of the individual. These symptoms can range from minor physical symptoms such as skin eruptions, diarrheas or difficulty breathing, to emotional states ranging from withdrawal and depression to pathological ecstasy. Or, they could manifest mentally such as the inability to concentrate, to learn, to remember or else as delusions, visual or otherwise. If left alone these symptoms will develop, years down the line, into severely limiting chronic diseases such as heart failure, cancer, epilepsy, psychoses or schizophrenia for example.

It is at this original state of disturbance that a holistic form of medicine aims. Holistic medicine stimulates the whole organism from the vital force outwards so it can regain its original state of health and elasticity by identifying and then integrating the original stressor the individual was subjected to. In contrast if western medicine were to be employed, the

presenting symptoms may be modified by drugs that act on the physiological body but the underlying disturbance will be left unidentified and untouched and will coarse throughout the years into deeper and deeper pathology. In turn it will be passed on from generation to generation.

In our society, chronic diseases are becoming increasingly prevalent. As each new child is born into this life, their overall state of health is progressively decreasing. The existing medical community has no solution for this dilemma nor are they truly aware of how it is happening. We have a system of medicine based on the understanding that disease is a state that comes and invades our bodies. In this light we are lead to believe we are powerless in our defenses and are incapable of regaining our health once health is lost. Then we must learn to live with our suffering and/or be supported by external forms of medicine such as hormones, blood pressure meds., antidepressants, etc.. Or, we must battle against the invaders or protect ourselves from our environment by the use of antibiotics, vaccines, sunscreen, etc., in order to maintain.

From a holistic perspective it is not drugs we need to eradicate disease but rather remedies that will enhance the elasticity of the vital force; remedies that will provoke our own innate healing capabilities so that we may adapt to our circumstance; remedies that aim at decreasing ones susceptibility leaving us less prone to disease. Then we may achieve health and the diseases will dissipate. Beyond this, it has been found that most drugs are becoming increasingly ineffective in treating many forms of illness. For the most part they just stabilize symptoms. Or with respect to bacterial infections, the bacteria are becoming resistant to the commonly used antibiotics and the need for more potent drugs is becoming necessary. However, the stronger the antibiotic used the more toxic the drug becomes to the body then the drug itself starts to produce symptoms. Doctors call these symptoms 'side effects' but on the contrary these symptoms are signs of the body trying to regain equilibrium from the drug. In essence the body reacts to the drug as if it were another stressor that it can not overcome and now a deeper level of illness is prevalent.

Continual exposure to drugs that treat only symptoms rather than the underlaying disturbance of the vital force leads to many other forms of disease. For example anti-convulsants, used for the treatment of epilepsy, produce gastrointestinal disorders, alterations of mood, suicidal tendencies and sometimes even cerebral damage. Anti-psychotic drugs produce other side

effects. These drugs are used to calm people who due to an event or series of events in their lives and the added inability of their vital force to respond healthily to these events have become mentally and emotionally incapable of dealing with their lives without excessive anxiety, distorted perceptions, paranoia, etc. The side effects of these drugs can lead to food allergies or worse epilepsy. Now if this patient were to be given anti-convulsants as well, as is common in the practice of western medicine, we can see the side effects of these drugs would cause their emotional state to severely deteriorate. Back and forth the individual swings from the original disturbance, that has not been fully integrated, to the side effects of one drug and then another drug in a vicious circle. One might ask was the original disease not milder than the combination of the illness, the drugs and their side effects?

Yet, inside this body is the vital force and an individual. This being is being tossed between their original illness, the drugs, and the side effects. Because the system was weakened to begin with by the events culminating in that individuals life, it manifested this weakness as symptoms on the mental level. The practice of western medicine, as it views all levels of disease as merely mechanical and physiological phenomena only treated the symptoms. It neglected to recognize the root of the disturbance and to therefore treat this disturbance.

Allopathic medicine fails to see the human being as a whole entity, originating on the energetic level, connected to the spiritual world, and manifesting out into the physical world in terms of a body with organs, emotions and a mind. They fail to see this body as a system of connecting functions that have their own inherent intelligence that is merely an extension of the universal inelegance that regulates all things. And that when treating this body we must take into account the totality of its expression of disease if we are to truly treat it.

Allopathic medicine has divided its medical system into 23 separate fields. Immunology, dermatology, oncolology, neurology, psychology, urology, to name a few. Each specialty working in isolation from each other without a clear concept as to how the modification of symptoms in one aspect of an individual effects the rest of the whole. How can such a departmentalization of medicine take into consideration the totality of the human being?

During the last few decades there has been a push to discover links between the health of our bodies and the consequences of the environment our

bodies are subjected to. Research has linked smoking and poor diet to cancer. However, medicine aims at destroying the cancer rather than supporting a body where cancer wouldn't exist. With the understanding of the vital force in our minds, and questioning ourselves as to how we can support the vital force as it regulates and governs our body, we have to ask is it really that disease come and invades us or is disease a state that is produced from within?

What is really needed in western society is a form of medicine designed to increase our state of health rather than to merely treat symptoms. As each generation gives rise to the next the ill health of the parents is passed on. Not just poor genetics but also thought forms and emotional tendencies that were produced from our forefathers inability to completely adapt to the stressors in their lives. Unless we are able to find a method of treatment that is aimed at increasing ones health, making one more and more suited to adapting to ones circumstance, we as a race will surely wither.

If the human system were recognized as a whole, with an energetic substrate upon which everything manifests we may set our minds upon a system of medicine that is aimed at this level. We then can have the promise of healthy happy lives. Furthermore, the use of isolative drugs that treat only symptoms without context to the mental, emotional or spiritual aspects of an individual, or the use of drugs that are so toxic that other forms of illness arise, would be without foundation. And eventually, the medical practices of today will be noted in the history books as barbaric, comparable to blood-letting and leaches.

Addendum:

1) What is Homeopathy:

Homeopathy is an energetic system of medicine aimed at stimulating the internal healing mechanism. Homeopathy views disease as a disturbance in the vital force with manifestations on the physical, mental or emotional level. The only way to restore harmony and homeostasis to treat the disturbance at the level of the vital force. As homeopathic remedies are diluted into their energetic substrate they are able to communicate to the vital force which is also energetic in nature.

Based on the law of similars, the state a remedy can produce in a

adaptation to injurious environments or circumstance?
5) And finally, the will of the soul. What karma does this soul carry? What lessons are to be learned? What contracts are to be played out?

With this basis we can forge on to find were energy work and homeopathy interface. It is of my understanding that disease first occurs in the vital force and then manifests through the layers, finally into the body. Homeopathy treats all disturbances at the level of the vital force. The disturbance in the vital force shows its symptoms initially in the energetic field. If we pay attention to injurious effects on our wellbeing, we feel this disturbance at the outset. Yet, living the American lifestyle, with money, work, stress, plenty of coffee and a pill for this and a pill for that, not taking the time to stop and explore what this 'not feeling quite right' is about, this disturbance slowly materializes in our bodies. 5-30 years later we wonder why we have cancer, high blood pressure, suffer from depression, digestive disorders, etc.

Often, the origin of our particular malady has been long forgotten in our conscious mind, lost in the memory banks of our energetic fields. As homeopaths we always look for the origins of disease. With the absence of consciousness as to where our health declined it is more difficult for a homeopath to find the correct remedy. Here the need for energy work lays. Through work performed in the energetic plane, (universal energy intentional drawn up and transferred through practitioner to client via his/her hands) it is possible to locate and recall the exact moment of the disturbance and inquire into its nature. With consciousness, a lot can be resolved. In addition holes, unequal distribution of the energetic field and chakric imbalances can also be addressed. But, as the state is a manifestation of the vital force, without treating that weakness with a homeopathic remedy, the condition is likely to relapse.

Lets look at a hypothetical case. We have a person with constipation, urine retention, physical numbness, narcolepsy, and emotional withdrawal. These symptoms are characteristic of the state of sympathetic shut down. Through an energy session it's revealed they experienced a severe fright as a child where they had to withdraw or play dead to protect themselves. The incident had been forgotten but the state remained. The vital force became stuck in that adaptation mode. It then progressed over the years to the physical symptoms previously mentioned. If left alone it may progress further onto renal impairment, or finally into coma.

In terms of the energetic disturbance, what the practitioner may find is that the root chakra (that which governs the will to live, fight, flight or play

healthy person on all levels, is the same state it can cure. Thus, homeopathic remedies are given according to their homeopathic indications rather than given according to specific disease conditions. Furthermore, the whole person is taken into consideration when a homeopathic remedy is selected.

Homeopathic remedies are all naturally occurring substances from the planet we live on, and is effective for treating a wide range of ailments from traumatisms, to acute infections, to more long term chronic conditions such as mental and emotional problems, hormonal conditions, digestive problems, migraines, CNS disturbances, etc, the list is endless. As each remedy is a natural remedy it is easy to correlate how homeopathy as a system of medicine is closely connected to the universal life giving intelligence.

2) Forging the Link Between Homeopathic Medicine and Energetic Healing.

In terms of health/disease, we must look at many different levels in the human.

1) What is happening in the physical body with regards to symptoms? What organ systems are involved? How deep or superficial is the illness? Is the disease a functional disturbance or are there pathological tissue changes?

2) What is happening on the mental and emotional level? Here we begin to talk about personality, character, perception and rational. How does this individual perceive the world and how do they the react to it? Ones mental and emotional character and condition forestalls most health/disease processes. Understanding ones mental state is pivotal to the selection of a homeopathic remedy.

3) The condition of ones energetic field and chakric system is the ground for any disturbance whether it be mental, emotional or physical. Is this field uniformly distributed around the body? Are there holes, cords, blockages, etc? Are the Chakras open and functioning, or are they week in their convection? What traumatic memories do they hold from this life or past lives? How does one chakra out of balance effect the other Chakras, the person and their disease?

4) The condition of the vital force. That force which connects the soul to the body and regulates the organism in health and disease. How strong is this force? To what degree is it able to reckon health? Has it been short circuited by suppressive drugs, weekend by physical trauma, or just convoluted by

dead, responses) is closed or has a hole in it. The organs connected to the root chakra include the urinary system and the lower bowels. In correlation to this the crown or brow chakras are also effected resulting in changes in sensual perception, mood the sleep center, etc. With work focused on engaging and sealing the root chakra and then balancing with the crown and brow it is possible to firstly help the individual remember what happened, and secondly help their system to come out of that place of shock. In this case, a dose of homeopathic *Opium*, would reach into the vital force, and ensure cure on all levels, energetically, mentally, emotionally and physically.

Each case is a lot more detailed and complicated than this but you can get the idea. On the road back to health not only do we need to check out our physical health, the nutrition we put in our bodies and the ability of our livers and colons to eliminate efficiently, we must also venture into what psychic disturbances we have been affected by, how our energetic field is working and the resiliency of our vital force. The process to cure is one of layering and unraveling. Homeopathy and energy work in conjunction with each other can bring about lasting results for many ailments.

Data Collection: A Tool to Initiate Validation of the Interface of Contemporary Chinese Pulse Diagnosis (The Shen-Hammer Method) and Allopathic Medicine

I have been a student with Dr. Leon Hammer for more than five years. He is a retired Psychiatrist. In the course of his career he shifted away from his allopathic training to address his patients' ailments to methods based on Chinese medical physiology and practice (acupuncture and herbal medicine). A genesis of his lifelong exploration has been his development of what is now known as Contemporary Chinese Pulse Diagnosis. This is a specialized method of pulse taking that is not taught in Oriental Medical and Acupuncture Training Programs. I am one of a group of practitioners who are faithful to this diagnostic method used for developing treatments for my patients. I am an herbalist. Others who use this method are practicing acupuncturists. Robert Heffron, M.D. has been teaching this method to a handful of medical physicians, most of who work in Europe. This system lends itself to an apprenticeship method of teaching and learning so we study with Dr. Hammer twice a year to refine our pulse taking and interpretation skills and share our experiences on an ongoing basis.

It has become clear in this five year period that this inexpensive and noninvasive diagnostic method shares a fascinating and important interface with allopathic medicine, namely that all of us are finding what are "undiagnosed" significant health problems of patients who come to us for services. Some examples of this include undiagnosed diabetes, cancers, heart disease, hepatitis, duodenal ulcers, and brain abnormalities such as strokes. We are seeing the correlations between our pulse findings and Western diagnoses because our findings are later confirmed by relevant allopathic tests.

We have concluded that it is important for us to take a first step in compiling our findings; that is creating a database so that we are systematically documenting these occurrences. The importance of this systematic collection is to demonstrate that a finding of mine is not an isolated event or for that matter of any one of us where ever we happen to be practicing. Rather it demonstrates the integrity of the Contemporary Chinese Pulse Diagnosis system that we have learned. Our belief is that we can later access this data so as to create a body of knowledge that correlates pulse findings with Western disease diagnoses in such a way that will be meaningful to the allopathic medical community. This is a first step to introducing, if you will, this pulse system to a skeptical medical community.

This pulse diagnosis system is much more than this common ground I am describing. It stands alone as a diagnostic method and its real strength is in prevention and early intervention of disease processes. However, the realm of prevention and early intervention is still too vague for the current American healthcare system to recognize as meaningful. That being the case, the place to begin is where we share common ground.

Research moneys are not readily available to practitioners and schools of thought that are not already part of the mainstream of healthcare. Understanding the benefit of a diagnostic method such as Contemporary Chinese Pulse Diagnosis is not going to happen in an environment of skeptics. Rather, it will grow out of the community of practitioners who use it and understand its importance and who are then able to bring it to that skeptical community in a systematic way. We ask that you recognize this and widen your scope of how funds are made available to practitioners of so called "alternative" medicine.

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Statement
of the
American Chiropractic Association
Before the
White House Commission on Complementary and Alternative Medicine Policy
Town Hall Meeting
Minneapolis, Minnesota
March 2001

Good afternoon, my name is Dr. Howard Fidler. I am a practicing doctor of chiropractic in St. Louis Park, Minnesota. I am here today as the Minnesota delegate of the American Chiropractic Association (ACA). Since my time is limited, I would like to provide the Commission with the following policy recommendations as they relate to access, reimbursement and education.

- Federal statutory requirements that impede the use of proven CAM services in federal health care programs must be relaxed. Currently many federal programs do not reimburse for complementary and alternative treatments. These statutory limitations are impeding research by not allowing CAM practitioners to participate in federally sponsored coordinated-care research efforts. In addition, doctors of chiropractic and other CAM practitioners are further impeded by statute from providing their services to the general public through the National Health Service Corps. By not being recognized as providers under these programs, doctors of chiropractic as well as other CAM providers are not provided the opportunity to prove the cost effectiveness and efficacy of their services. Statutes must be changed to allow for all proven CAM providers to participate in all federal programs.

- Patients should be afforded the ability to seek treatment by proven complimentary and alternative providers without the referral of a medical gatekeeper. Currently, MDs are not trained and educated to appropriately refer patients to CAM providers. Also, there is an issue of competition and a history of bias. In addition, both private and federal insurance programs should not limit a practitioners practice. Proven and/or licensed CAM practitioners must be recognized and reimbursed for all reasonable and necessary services provided to their patients.

- Recommendations should be made to ensure that CAM providers not be reimbursed at a lower rate or be discriminated against in any fashion based on their training and licensure. A consumer's freedom of choice to select among all state-licensed health care providers is an essential attribute of any effective and responsive national health goal. A mandate of nondiscrimination ensures that one class of provider will not be given a competitive advantage over other providers of services.

- Consumer direct access must be provided to those CAM practitioners who possess the diagnostic skills to differentiate health conditions that are amenable to their management from those conditions that require referral or co-management with other professionals. Doctors of chiropractic recognize the value of working in cooperation with other health care practitioners, and acknowledge their responsibility to do so when it is in the best interest of the patient.

- While the ACA applauds the commission's interest in educating medical school students on the merits of CAM therapies, care should be taken that these courses are not misinterpreted as teaching a specific CAM procedure. These courses should merely provide the medical school student with exposure to the principles and practices in order to refer when necessary.

- Students of accredited CAM institutions must be provided the opportunity to observe and manage a broad spectrum of conditions and/or diseases as seen in teaching hospitals. Currently there is a lack of cooperation by medical schools to engage in collaborative efforts. Medical schools that receive state or federal funding should be required to provide CAM students the opportunity to work collaboratively with students of medicine to broaden each of the student practitioner's knowledge and clinical expertise.

- The Commission must provide specific recommendations to address the current problem with reimbursement disparities that is occurring at an alarming rate with private insurers. Some of the programs that the ACA has heard include systematic attempts to exclude chiropractic care from industry products, reimbursement comparable to non-physician providers, withholding of chiropractic network information from insured patients, reimbursement standards per visit level that are unfair and do not adequately reflect RBRVS, and failure to conduct proper claim investigation as is required by the Fair Claim Practices Act.

- The Commission must recommend that federal agencies work with the complementary and alternative therapy community in the development of policy by contracting or hiring CAM providers as part of their health care policy teams. Unless federal agencies begin to look outside the medical model and begin to embrace wellness and prevention, federal laws will continue to be ineffective in providing better consumer access to proven CAM practices.

Thank you for the opportunity to present the views of the American Chiropractic Association, I would be happy to answer any questions.

Functional Medicine Chiropractic Center

Dr. John Toft, Chiropractic Physician

Chiropractic • Applied Kinesiology • Functional Medicine

"If you've tried everything else, we could be your Final Answer."

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Oral Presentation
White House Commission on Complementary and Alternative Medicine Policy

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Hello,
I am Dr. John Toft, a Chiropractor.

I am practicing a model of health care that combines my primary care Chiropractic training with the most current, cutting edge, medically based and referenced research of Functional Medicine; delivered through a very specialized arena of Chiropractic, Applied Kinesiology. This is essentially the model that is being used at Alternative Medicine Inc (altmedinc.) that is performing in a pilot project with BC/BS of Ill.

In speaking with Dr. Steven Groft I believe you folks are aware of this pilot project, but may not have seen the most recent numbers. They are now showing after two years of treatment a 66% overall health care cost savings. Dr. Richard Sarnat will be coming to you in Washington next month to speak about this program, and I hope you will give him special very special attention.

One major item to me that has not been previously discussed is that what makes this group of specially credentialed physicians so effective is the very specialized technique of Applied Kinesiology, which the majority of the DC's in the group are using.

Applied Kinesiology (AK for short) is a system of analysis that aids in the diagnostic process. This technique has been evolving over the past 35 years, and gives a practitioner the ability to much more efficiently and effectively find and fix the underlying causes of musculoskeletal problems, and also allows us to find the very specific nutritional deficiencies, food allergies, toxic conditions and also emotional issues that thereby enable us to improve organ system function; where the organs have lost their reserve energy, and are on a downhill slide towards an eventual disease state, sometimes decades in the future.

The Human Genome Study has shown that disease exists on the genes. What Dr. Jeff Bland's work has shown already years ago is that the combined effects of environment and lifestyles is affecting communication molecules that turn the diseases on or off at the level of the chromosomes. The expression, or phenotype of the genes is controllable.

I have included a work product of mine on 10 floppy cassettes nearly 500 cutting edge, medically referenced articles in 44 categories of disease that educate one on how the whole body works together in health and disease.

I feel that this is the most exciting time there could ever be in health care. We are showing an absolute revolution, and a paradigm shift in the health care delivery process; from a disease care model to a truly preventative model that can find and fix organ system weaknesses before disease has a chance to develop.

I have included several additional writings of mine, and will be more than willing

to assist you in any way I can.

Thank you so very much for coming to Minnesota to hear us.

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WHY USE APPLIED KINESIOLOGY ?

Many people are seeking an alternative treatment choice to traditional Medical care.

The World Health Organization(WHO) determined over 10 years ago that the current medical model of health care has failed to improve people's health. People are sicker than ever, even though health care costs continue to skyrocket.

Drugs do not, generally speaking, improve health. They do change organ function as long as you continue on that drug, but they usually also cost the body health in other areas because of side effects.

The traditional Medical model of Health Care needs a "disease" to occur before there is something to treat.

Long before "disease" occurs, dysfunction exists. The new model of health care is preventative in nature. We must be able to look at the big picture of function of the individual organs of the body if we are to improve health.

The body is a self-maintaining, self-correcting mechanism. When health is lost, something is interfering with the body's adaptability, and it is unable to respond to various stressors.

Applied Kinesiology examinations are directed to discover how the body is dysfunctioning, the cause of dysfunction, and most importantly; the therapeutic efforts necessary to regain and maintain health.

A ground-breaking, first of a kind pilot project performed with Alternative Medicine Inc. (altmedinc.com) by BC/BS showed 80% reduction in hospitalization costs, 85% reduction in outpatient procedures and surgeries, and 56% reduction in pharmaceutical costs using this model of health care; after two years, it is showing 66% overall health care cost savings.

Leading researchers in the world have projected that 90% of all health care costs can be saved using this model of health care.

This type of coverage will only begin to show in insurance benefit packages after more of these types of outcome based studies and public pressure force the government and the insurance industry to accept this model of health care.

You can begin your journey to health by making educated decisions in your health care. There is simply only one way to improve health; to find and then to naturally reverse the factors that caused the health to decline.

This approach of Applied Kinesiology is the most efficient application of clinical science at the present time. AK doctors practice and think like scientists. But even more importantly, AK supplies a framework for simultaneously applying both the science and the art of clinical practice.

In the context of treating patients, AK sets the standard as the most scientific approach in the healing arts today.

Overview of Applied Kinesiology:

International College of Applied Kinesiology

Applied kinesiology can determine health imbalances in the body's organs and glands by identifying weaknesses in specific muscles. Stimulating and relaxing key muscles help in the diagnosis of variety of health problems.

Description:

Applied kinesiology is the study of muscles and the relationship of muscle strength to health. This alternative medicine technique relies on the idea that muscles can be stuck (turned) "on" or stuck (turned) "off." A stuck 'on' muscle acts like a tense muscle spasm ('charlie horse'), whereas a stuck 'off' muscle appears flaccid.

Applied kinesiology is a relatively new alternative medicine field of study, diagnosis, and treatment. George Goodheart, D.C., of Detroit, Michigan, a chiropractic physician and the founder of applied kinesiology, first observed in 1964 that the absence of skeletal deformity and postural distortion is often associated with muscular dysfunction. The field has gained recognition, credibility, and a general following ever since his findings were revealed.

Applied kinesiology recognizes the existence of "strong" and "weak" muscles. Weak muscles exhibit as much actual force as normal muscles. According to Dr. Blaich, weak muscles often have delayed reactions to stimuli. Studies suggest the difference between weak and strong muscles lies in the timing of electrical activity in the muscle. Muscles become weak due to immobility (i.e. cast), lack of exercise, poor posture, gland or organ dysfunction, or injury.

A weak muscle can lead to misaligned or inflamed bones, signs of premature wear and tear, as well as symptoms of osteoarthritis.

Applied kinesiology also treats and diagnoses athletic ailments and injuries in sports. It improves muscle interaction and stabilization.

Goals of Applied Kinesiology:

* Restore normal nerve function.
* Achieve normal endocrine, immune, digestive, and other internal organ functions.
* Intervene early in degenerative processes to prevent or delay pathological conditions.
* Restore postural balance, correct gait impairment, improve range of motion.

Common Internal Causes of Muscle Weakness:

* Dysfunction of nerve supply (nerve interference between spine and muscles).
* Impairment of lymphatic drainage.
* Reduced blood supply.
* Abnormal pressure in cerebrospinal fluid affecting nerve-to-muscle relationship.
* Blockage of acupuncture meridian.
* Chemical imbalance.
* Organ or gland dysfunction.

Method:

It is very easy to explore the technique of applied kinesiology when a comparison is made between the ways conventional (western) medicine would treat asthma and the way in which applied kinesiology (a branch of eastern/alternative medicine) treats asthma.

Conventional medicine uses adrenal hormones or their derivatives to treat asthma, and it considers asthma strictly a problem related to the lungs. An applied kinesiologist, on the other hand, looks for weaknesses in specific low back and leg muscles that share a connection with the adrenal glands. A kinesiologist strengthens these muscles and helps the adrenal glands produce bronchodilators (chemicals that relax or open air passages in the lungs).
In diagnosis, an applied kinesiologist determines whether muscles are 'on' or 'off' as they should be during normal activity. Muscle dysfunction is corrected through the use of various reflexes or by performing manual procedure on the muscle-deep massage, goading pressure on attachment points, or realignment. An applied kinesiologist needs to stimulate nerve and blood supply, as well as lymphatic drainage and acupuncture energy to lungs for them to clear.
One way to identify nutritional substances of value to this specific ailment is to test a patient's weak deltoid muscle while putting a substance on his tongue to stimulate nerve endings, which, in turn, trigger certain areas in the brain to make changes in the body. If the correct nutrient is applied, there should be immediate strengthening of the deltoid muscle.

Application:
Massage therapists rave about the results of massage combined with some of the principles of kinesiology, namely muscular manipulation. Sometimes kinesiologists find that subluxations of the spinal column can cause muscles to be misaligned as well. Therefore, kinesiologists often rely on some of the methods and concepts expressed in chiropractic, including spinal manipulation so that "turned off" muscles can be "turned on." Applied kinesiologists may also utilize the galvanic skin response (GSR) to test for muscle tension.

Modern medicine's perspective:
Recent research has demonstrated a neurological difference between "strong" and "weak" muscles, as identified through applied kinesiology testing. Applied kinesiology is very popular with the Chiropractic profession. Because the deltoid muscle (in the shoulder) shares a relationship to the lungs, a muscle test can be an indicator of the state of the lungs and can serve as a monitor of their condition.
Applied kinesiology is utilized in modern sports rehabilitation programs to prevent injury and to improve athletic performance. The muscle-organ link can be helpful in identifying "rate limiting factors," or "weak links" in the performance of top athletes.

Case Studies:
#1: A music conductor had severe pains in his shoulder inhibiting his ability to conduct. Dr. Blaich evaluated the patient's shoulder area and determined the problem to be a specific muscle, the pectoralis major. He reset the muscle by correcting a cranial fault (minute manipulation of bones in the head). The problem recurred and Blaich determined that the problem was caused by none other than eating wheat! The patient was found to have a gluten allergy, so he avoided eating wheat and no longer suffered from shoulder pain.
#2: In 1983 and 1984, Dr. Blaich identified an adrenal weakness accompanying other structural and chemical imbalances in a bicyclist, Alexi Grewal. Alexi is a talented young

athlete with a history of asthma. Dr. Blaich improved Alexi's adrenal gland and diaphragm muscle function and structural performance. Alexi's health and performance improved enough to win the gold medal in the 1984 Olympics.

Links & Resources:

International College of Applied Kinesiology, 6405 Metcalf Ave. Suite 503, Shawnee Mission, Kansas USA 66202-3929 Tel: 1 - 913 - 384 - 5336 Fax: 1 - 913 - 384 - 5112
E-mail: icak@usa.net http://www.icakusa.com/

Commonly treated conditions:

1. OSTEOLOGY

* Neck and low back pains
* Whiplash
* Sciatica
* Frozen shoulder

2. JOINTS

* Carpal tunnel syndrome
* Osteoarthritis
* Arthritis
* Rheumatoid arthritis
* Sports injuries

3. MUSCLES/ FASCIA

* Tennis elbow
* Heel spurs
* Wound healing
* Intermittent claudication (pain on walking)
* Restless legs
* Cramps

4. VASCULAR

* Aching varicose veins
* Palpitations
* High blood pressure

5. NERVOUS SYSTEM

* Migraine and other headaches
* Trigeminal neuralgia and other face pains
* Bell's palsy (face paralysis)
* Anxiety
* Depression
* Fears
* Claustrophobia
* Meniere's disorder
* Neuralgia
* Travel sickness
* Tiredness
* Phantom limb pain
* Paralysis of leg or arm persisting after a stroke (cerebral thrombosis)

6. SENSORY ORGANS

* Tinnitus

* Tired eyes
* Retinitis pigmentosa
* Pterygium Retinitis

7. DIGESTIVE SYSTEM

* Constipation
* Colitis or other bowel inflammations
* Ulcers
* Diarrhea
* Obesity

8. RESPIRATORY SYST.

* Hay fever
* Rhinitis
* Sinusitis
* Asthma
* Bronchitis
* Emphysema

9. URINARY SYSTEM

* Cystitis especially in the elderly
* Early prostate enlargement
* Non-specific urethritis
* Bed-wetting

10. REPROD. ORGANS

* Menstruation pains
* Pelvic pains
* Menopausal flushes
* Painful nodular breasts
* Endometriosis
* Preparation for childbirth
* Irregular or excessive menstrual activity
* Vaginal pain
* Post herpetic (shingles)
* Impotence

11. SKIN

* Pain after operations
* Painful prominent scars
* Wrinkles or bagginess of face
* Acne
* Psoriasis
* Boils
* Eczema
* Excessive perspiration
* Hemorrhoids
* Canker sores
* Itch

12. IMMUNE SYSTEM

* Recurring tonsillitis
* Persisting weakness after a severe illness

13. ADDICTIONS

* Smoking

14. EMBRYOLOGY

* Infertility

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CHIROPRACTIC, FUNCTIONAL MEDICINE, AND APPLIED KINESIOLOGY: WORKING TOGETHER IN THE ULTIMATE QUEST FOR HEALTH

How do we best measure health? Is health the absence of disease? If the body's organ systems are free of a medically diagnosable disease, does that guarantee that our organs are functioning optimally? If the body's organ systems seem to be functioning at a healthy level, how do they function under stress? When a seemingly healthy organ system becomes overburdened from chemical, mechanical or emotional stress, does that organ system continue to function optimally, or does it respond at less than an optimal level? Are there **subtle, but recognizable symptoms** (if a person knew what to look for) when an organ systems function at less than optimal levels? If we are diagnosed with a disease (usually later in life), when did that organ dysfunction actually begin? If we had a system to identify organ weakness earlier in life, can we prevent major loss of function and disease later in life? Is there a connection between loss of organ function with chronic and reoccurring back and neck pain and other muscle and joint aches and pains?

You will soon see that **what happens on the inside of the body does effect the outside of the body**. This insight gives us the ability to find and correct various processes in the body to help it function at it's best. It is not near good enough to have average health when the average American will die early from heart disease, stroke, diabetes or cancer. The highest goal in health care should be to enhance the function of the body's organ systems to the highest level possible to prevent disease, not waiting for a disease to develop . This level of health will help ensure that we can enjoy the highest levels of health and vitality throughout our lives.

The practice of Medicine is at a crossroads. Revolutionary new research exploding onto the natural and alternative health care scene is producing many major discoveries, and also verifying many previously discovered, but scoffed at principals about body function and health. Ideas that decades ago caused researchers who were "ahead of their time" to be thrown out of medical universities and shunned by the medical community are now being **proven by current research in the world's most prominent medical journals**.

The field of Functional Medicine that has been developed by Dr. Jeffrey Bland and others is a relatively new approach to health and wellness. This new model of health is quickly gaining acceptance by both health care providers and consumers primarily because of the vastly superior results it is showing. The transition is driven by a number of major scientific discoveries that are based on current medical research. In this approach, the emphasis is not on diagnosing or treating disease. **Disease is a breakdown of health**, and if we can prevent that breakdown, we can prevent disease from occurring. It is imperative to identify organ systems that have lost their "reserve energy" and that without intervention can continue their declining health eventually to a disease state.

Optimal body function and vitality occur when we can identify and maximize the body's health by identifying and improving the level of health of all of the individual organs in the body. If a person eventually develops a medically diagnosed 'disease,' the organ system has in all likelihood been operating under stress and declining health for many years previously.

There are **two general categories of bad things** that can happen to our body. We do not get enough of what we need in the proper amounts, and/or we get things that are not good for us. Governmental studies are showing that 95% of Americans do not get the proper nutrition necessary to prevent disease, and that only 1 1/2% of all Americans are "healthy". We now have the knowledge and ability to find and correct these causes of organ weaknesses long before they degenerate into actual disease, all based on knowledge gained through studies of medical research and relationships learned through Applied Kinesiology evaluations.

Aging is universal, but the rate at which we age depends entirely on our body's health. Our biological age does not necessarily equal our chronological age. Research is showing that we can now indeed **extend our health span (years of disease free living)**, not just our life span. Many prominent investigators are viewing aging as a disease in itself. It is a decline in our bodies' God given ability to respond to various stressors. Aging is considered the ultimate conglomerate disease caused by a lifetime of assaults on the cells of our bodies. Denham Harman M.D., PHD; emeritus professor of medicine at the University of Nebraska suggests that virtually all modern maladies are actually accelerated aging. Our life span has been increased from the mid 40's to the mid 70's because of improved sanitation in the last century. The Human Biosphere Project has shown that our healthy life span can easily range from 120 to 160 years in a clean environment. We are exposed to an unbelievable amount of toxins in the form of pesticides, herbicides and other drugs and chemicals in the food we eat, in the water we drink, and in the air we breathe. We can now increase our health and vitality by cleaning up our internal environment through body detoxification. This will allow the highest level of health while delaying chronic illness until the last months of the natural life span. Our goal is to improve people's health thus enabling them to enjoy true health and vitality into the end years of life. Maybe Noah was actually 600 years old!

Chronic illnesses cannot be stamped out with prescription pad and a ballpoint pen. Linus Pauling long ago recognized that before turning to medications for chronic illnesses, we should attempt to adjust the normal body constituents (nutritional factors) to match the actual needs of the body to achieve optimal body functioning. Our bodies need help to obtain the levels of nutrients necessary to match our specific organ's needs. U.S. Government studies have shown that 98% of Americans do not get the proper nutrition necessary to prevent disease. Because we do not eat correctly to supply the necessary nutritional factors to our bodies, most of us operate in an **increasingly nutritional deficiency state** for much of our lives. People are beginning to understand more and more how important essential nutrition is to their health. They also want to actively participate in their wellness, and they are looking for alternatives to traditional medical health care. According to "Trends 2,000" research, there is currently a nutrition revolution underway.

The World Health Organization determined over 10 years ago that the current model of medical health care has failed to get people healthy. Health care costs continue to skyrocket, and people are sicker than ever. Medicine usually works very well for

management of acute illnesses and traumatic injury, but it has not discovered how to bring back true health. **True health** can only be obtained by providing specific nutrients that have shown through research to positively effect organ health without negatively effecting the other body systems, and by detoxifying the body. Pharmacological Medicine does make changes to our bodies, but there is no balance of function. Medical prescriptions generally do not improve an organ's health and unfortunately, they usually carry side effects that reduce the health and vitality of other organ systems.

Where is the tie between Health, Functional Medicine, Chiropractic and Applied Kinesiology?

Kinesiology is simply the study of movement of muscles. Kinesiology has shown us how to isolate and test the various muscles in the body. Applied Kinesiology's beginnings in Chiropractic were in simply trying to restore muscle function to stabilize the musculosketal system, thereby decreasing pain and increasing function. Dr. George Goodheart, the founder of **Applied Kinesiology (AK)** studied many known physiological and anatomical relationships, and treatment techniques to answer the question: Why is a certain muscle weak? This continuing investigation led to many significant discoveries about previously known, but not fully understood reflex points and associations of the body. It has also led to the discovery of many new relationships that show how the body actually functions in a web-like interaction through health and disease.

When an area of the musculoskeletal system of the body is not functioning properly and is causing back or neck pain; and improper joint alignment and function (subluxations) are present, there are also specific and **identifiable muscle weakness and/or imbalance** of the body present. Some of these weak muscles respond to localized muscle work and are from injuries. Stimulating the muscles and/or its tendons in certain ways sometimes seems to "turn the muscle on". When these initial procedures did not work for resolving certain muscle weaknesses, the question "why" continued to be sought.

Dr. Chapman, an Osteopathic Physician, found that there was a system of reflex points (a.k.a. Chapman's reflexes) throughout the body that were associated with organs. Dr. Goodheart found that these same organ reflex points were often related to weak muscles. After exhausting research and clinical experience, we now know that there is an **indisputable muscle-organ relationship**, and that many muscle weaknesses and imbalances in the body are actually caused from internal organ dysfunction. This underlying muscle weakness can cause a person to experience a full array of various back problems, often with no injury of any type involved. We are a mirror image with the health inside the body to the strength outside the body.

Individuals who have a myriad of reoccurring back and neck problems, and other health problems, continue to seek out an all encompassing range of medical or alternative health care including Chiropractic, acupuncture, massage therapy, magnetic cures, homeopathy and others. Chiropractors have long ago seen a relationship between back and neck problems, and other musculoskeletal problems with internal organ health, but the primary belief has been that spinal conditions effected organs. With the manual muscle testing procedures used in Applied Kinesiology, we are seeing the answers to these conditions more clearly: **internal organ dysfunction produces muscle weakness and imbalance that, in turn, directly reduces the stability of the musculoskeletal system**. This shows in the body as varying levels of back and neck or other joint

symptoms, often without the expected traumatic events that are normally associated with these problems.

Simple back injuries without complications are usually the easiest to treat and respond best to Chiropractic adjustments. These patients are the shining glory for all chiropractors who adjust them because they respond best to our care. When there are other predisposing factors playing into the picture, however, recovery is often not so swift nor complete, and we must find the actual cause of the problem and treat the problem at its source. Chiropractors who are utilizing Applied Kinesiology are therefore exceptionally successful at treating **reoccurring back and neck problems**. Improvements in symptoms and function through Applied Kinesiology techniques are due to balancing the body's energy and organ health through various Applied Kinesiology reflex techniques, specific Chiropractic adjustments related to the organ involvement, and most importantly for the long-term, by supplying specific nutritional formulas to strengthen the organ systems.

What we are most commonly seeing with the internal organ dysfunction is **organ systems that have lost their 'energy reserve'**. These organs can function fairly well, unless or until various stresses are placed on them, when they are unable to respond at the necessary level of function. At this point, other organ systems upregulate their function to help the improperly responding ones, and can often also become stressed through a domino effect. This shows the phenomenal ability of the body to adapt to stressors and is clearly seen in the body's ability to transfer energy in the acupuncture model of health. This also shows the web-like interactions of the organ systems of the entire body, most clearly understood in the Functional Medicine model of health.

What does Applied Kinesiology have to do with Health, Functional Medicine and Chiropractic?

It brings them all together into a fairly complex, but very understandable and usable system that combines advanced structural adjusting techniques and cutting edge nutritional protocols to give you the best health possible. Applied Kinesiology muscle testing techniques allow us to look at the entire body to get the "big picture" of the cause of the problems. According to internationally known teacher of Applied Kinesiology and Functional Medicine, Dr. Bob Rakowski; **"when we can see the big picture of the body, and treat the problem at its source, good things happen."** Applied Kinesiology combines Chiropractic spinal adjustments, various myofascial therapies, cranial respiratory techniques, acupuncture, clinical nutrition (including vitamins, minerals, herbs and homeopathic formulas, when appropriate), dietary management, and allergy assessment, to most effectively and efficiently improve body health. The combination of these techniques allows us to process through the entire body, effecting the body more completely than any other system of treatment. It is essential to determine exactly **specific nutritional substances** for organs that have lost their "reserve energy", and other factors that effect the body's muscle function. By utilizing A.K. muscle testing procedures, we can find and treat the true underlying causes of our patients' health concerns. At the same time we are providing a wellness care model by treating subclinical organ weaknesses with extensively researched nutritional protocols before organ "disease" has the opportunity to develop. The goal of this form of treatment is to bring back the full health of the internal organ systems that, in turn, improves the neurological function of the muscles to most effectively stabilize the spine thus

improving many even chronic and reoccurring joint problems.

Chiropractors utilizing Applied Kinesiology techniques are enjoying fantastic success treating musculoskeletal problems by addressing the underlying causes, not just the symptoms. This technique offers an effective way of achieving long-term results not afforded by other methods. The results of these techniques provide a deeper understanding of many health conditions by **finding the root causes of the symptoms.** By 'getting the big picture' of the overall health of the individual, Applied Kinesiologists are treating even various chronic conditions very successfully. Chinese Medicine has known for thousands of years that we cannot be strong on the outside of the body until we are strong on the inside.

A.K. Techniques work very well at optimizing sports performance by getting the individual strong from the inside-out. When internal organ dysfunction causes muscle weakness and imbalance, no athlete can function at their best. Very often, even very small changes can create substantial changes in performance. By finding the causes of various musculoskeletal problems AK docs are able to find and fix most joint problems most efficiently and effectively; best seen in it's application with sports injuries.

The Human Genome Study has shown that each individual has their own unique set of genes that lays the foundation for that person's health (and disease). Because of this and other environmental factors, every person will have their own biochemical individuality. New research is showing that although we have only one unique set of genes; the way those genes can be expressed by the body can and does change. Every person develops their own unique lifestyle (eating habits, exercise, toxic load, stress, etc.) which determines the way the genes are expressed. We are more susceptible to the less desirable expression of our genes when our overall health is diminished through nutritional shortfalls and exposure to toxins and food allergies. Because of these factors, every person will have individual nutritional needs, and will benefit most by having a specific nutritional program developed for them. **What works best for one person will not necessarily work best for another.**

We are using a Health Appraisal Questionnaire called the Health Graph to obtain an overall "look" at the health of the individual organ systems of the body. This tool uses questions drawn from medical reference texts relating to various organ system functions and symptoms. The responses show us a baseline level of symptoms, and therefore level of health of both the internal organs and also the musculoskeletal system. This look into the body allows us to **quantify the amount of involvement of internal organ dysfunction** that is causing most musculoskeletal symptoms, and we can also monitor patient progress of both as we treat.

When we are faced with more serious health concerns, or when we want more objective data on which to base treatment, we are also able to utilize **functional laboratory testing** from Great Smokies Diagnostic Labs, to assess how well the body is functioning. This broad range of functional assessments covers the major organ systems in the body. These tests can be used to verify our other examination findings, and give us a more objective base to treat and to monitor improvement. These lab tests are substantially different from standard medical lab tests, in that they are designed to find loss of organ system function that usually occurs decades before disease occurs. We are also always more than willing to work with medical physicians. In this way, patients have the best of both worlds.

Humankind has come a long way in understanding the exceptionally complex

functioning of the body. Continuing research by future Nobel laureates such as Dr. Jeffrey Bland and others have been working to provide the answers, and are now making scientific and medical history. In the past twenty years, Dr. Bland's research has brought together thousands of independent medical research studies that are showing how **the whole body works together in a web-like interaction through health and disease**. This God-given knowledge is providing new and effective answers on how to treat the chronic diseases of aging and how to restore health. We are now able to recognize and treat most organ systems during their initial phases of dysfunction, long before they reach a disease state; making it truly health care, not disease management.

We are currently experiencing an absolute revolution in how the body's health and function are understood and treated. Chronic diseases of aging such as adult onset diabetes, heart problems, stroke, inflammatory autoimmune diseases like rheumatoid arthritis, and even cancers are now much more clearly understood with this new model of Functional Medicine. We are now able to help people actually increase their health span thus increasing an individual's ability to function at the highest level possible for that person to the end of their natural life span. To have ultimate health and vitality, we must look at the health of the entire body, and make changes to organ systems that are not functioning optimally. These changes can and will only come about through supplying the natural protocols of nutrition in therapeutic doses to improve individual organ function and through detoxification. The **easiest answer to these maladies is to simply not get them**.

Health is much more than the absence of disease. For the individual, maintaining and enhancing health requires a proactive approach. This is characterized by the **behaviors, choices and interventions** that maximize the body's response to its environment. Food must not be thought of as just fodder for energy. It must be thought of as friend or foe.

To have ultimate health and vitality, we all need to make changes to our **diet and lifestyle**. Rome wasn't built in a day, and it will take time to make the changes necessary to have the most desirable and beneficial lifestyle.

Please incorporate these changes into your daily living habits.

* Eat correctly. Eat fresh fruits and vegetables for important vitamin C, Bioflavonoids, natural antioxidants and essential phytonutrients. Eat fresh seeds and nuts along with canola, olive, grape seed, and flax seed oil, and fish oils for "**good fats**"; and decrease "bad fats" by eating less animal fats and hydrogenated vegetable fats. Strictly limit consumption of many prepared foods that are full of **chemical additives**. If you haven't yet received it, ask for a copy of the **Vital Life Diet** that has been developed by the U.S. Government.

* Decrease your **sugar consumption**, as this can be the single most important factor associated with aging. The miracle of life allows raw materials from ingested foods to be broken down and then re-synthesized into 100 trillion cells working together in (near) perfect harmony. Too much sugar in the body does actually change the receptor sites for the communication molecules in the body, adversely affecting **intercellular communication** in the complex system of neurotransmitters, hormones and other communication molecules that are vital to proper function. It also damages the active transport system essential for **nutrient transfer** across all cell membranes.

* Drink 2-3 quarts of **water** a day to help **detoxify** your body. Employ a detoxification process periodically to cleanse your body.

* Exercise for 30 minutes twice a day to best increase your **metabolism** that will increase your lean body mass. Lean people live longer and healthier.

* Determine if you have food allergies, and adjust your diet accordingly. **Food allergies** often cause unrecognizable symptoms that are a significant hindrance to our health. Allergies are highly responsible for joint damage through a whole body systemic inflammatory reaction, and can also reduce a person's metabolism thus promoting weight gain. Allergies are also often related to organ systems' dysfunction, and can lead to heart disease, various G.I. problems, and the blood sugar handling problems associated with diabetes.

* Take appropriate nutritional supplements for your body. You will be best served by taking nutritional supplements of highest quality, potency, and purity for a **maintenance program** to make up for any dietary shortcomings. If people take inferior nutritional supplements, they will have inferior health. Eat organic foods whenever possible to ensure the highest possible nutrient value. Our soils are surprisingly depleted of minerals and often do not contain the nutrients they should. You may also need additional therapeutic nutritional support for your **specific body needs** which show as organ systems that have lost their "organ reserve".

* Get adjusted regularly. Chiropractic adjustments establish proper nerve function, energy balance and communication in the body. "**Wellness Care**" includes a periodic Applied Kinesiology evaluation to ensure proper organ function and to improve body composition.

* Applied Kinesiology evaluations allow us to treat muscle weakness and imbalance, which seems to be the causal factor in **95% of all musculoskeletal problems**. The muscle weakness and imbalance is generally caused from loss of reserve energy of related organ systems. Through Applied Kinesiology muscle testing, we can identify specific nutritional and herbal supplements that show to improve the organ health; thereby improving muscle function. This method of treatment has shown to most efficiently and effectively improve musculoskeletal problems, and can allow us to treat even chronic, reoccurring problems that have responded to no other treatment. It also allows us to optimize body function, and can provide significant benefits to all, especially in **optimizing sports performance**.

* Think good thoughts for 30 minutes a day. The **mind is a powerful thing** that is capable of helping or hindering your health and function. Glen Doman, the first winner of the Linus Pauling Award says that 'Every person born is a potential Leonardo DaVinci , but too many negative things in life shut down creativity and get in the way of our human potential'.

Life is a journey, health is a quest. When asked, how do you get to Mount Olympus?, the wise person replied: "One step at a time, just make sure that every step is in the right direction." **The journey towards health is a life-long quest.** To get there we simply must continue to move in the right direction with our body's health. Some people's health will need more work and their journeys will be longer than others. Knowledge gained from Applied Kinesiology and Functional Medicine are combining the pieces of the puzzle, showing us the right direction. Applied Kinesiology gives us the tools to find and fix the underlying causes of the body's problems from the top of the head to the bottom of the feet, from the inside to the outside. The puzzle is taking shape, and it appears that what we need, we have close at hand. The purpose of a Healing Doctor is to help people provide the missing pieces that the body needs and to get rid of

the bad things that are taking away our health. This model of health care is on the cutting edge, and is showing unimaginable successes in pilot programs currently being studied throughout the country. Current data from pilot programs is showing nearly 70% reduction in health care costs. Projections from leading researchers predict we may save 90% of all health care costs if and when this model of health care is fully implemented. God put everything that we need for ultimate health, vitality and longevity on this Earth. We must continue to learn and to discover the workings of the body, and to use His resources wisely.

OUR MISSION

My goals with patient treatment are twofold. The first goal is to most efficiently and effectively treat the underlying causes of my patient's neck, back, and other structural joint problems. The second is to restore my patient's overall health.

To benefit our patients the most, we must be able to evaluate everything in the body that may be contributing to their problems (Chemical, Structural, Emotional). No technique gives us a better ability to find and subsequently fix the underlying causes of various body problems than does Applied Kinesiology.

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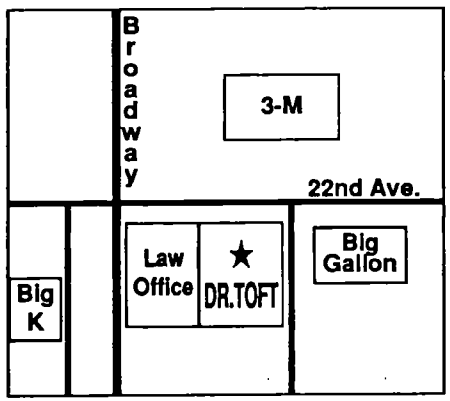
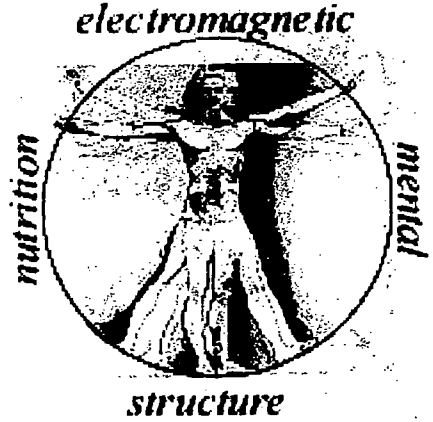


E-mail questions to:
johntoft@rea-alp.com



Dr. John Toft

Chiropractic Physician

Functional Medicine
Chiropractic Center

Combining the best in holistic, alternative health care through Chiropractic, Functional Medicine, and Applied Kinesiology.

SERVICES OFFERED

- Whole Family Health Care
- Auto-Work Injuries
- Sports Injuries
- Sports Nutrition
- Ultimate Performance Sports Exam
- Nutritional Testing
- Individualized Wellness Care Programs
- Anti-Aging Strategies
- Detoxification programs
- Full Line of Vitamins & Herbs & Homeopathics
- Food Allergy Testing
- Acupuncture
- Reduced Health Care costs for Business and Industry

CONDITIONS TREATED

- Neck, Back, and other Joint pain and/or muscle spasm
- Disc Injuries
- Headaches and Migraines
- Executive Stress Disorder
- TMJ Syndrome
- Carpal Tunnel Syndrome
- Chronic Pain Syndrome
- Adult Onset Diabetes
- Heart Disease/Stroke
- High Blood Pressure
- Rheumatoid Arthritis
- Irritable Bowel Syndrome/Chrones, etc.
- Fibromyalgia/Chronic Fatigue
- Female Organ Dysfunction
- ADD/ADHD

THE ULTIMATE HEALTH AND WELLNESS EXAM

Disease usually exists only after a long-standing decline in organ health and function.

Too many people are guessing incorrectly on their nutritional supplements, and are using the wrong nutrients for the specific needs of their bodies. If you desire improved health but need a road map to get there, we can help.

We can design for you a comprehensive and specific wellness program of vitamins, minerals, and/or herbal formulas. This plan will restore optimal health and function to your organ systems, giving increases assurances of health, vitally and years of disease-free living.

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Health Care In The Next Millennium

Chiropractic has historically been concerned with misalignments of the spine along with related pain, muscle spasm and also the effects of irritated nerves when more serious spinal problems are present. Chiropractors have known since the beginning of Chiropractic 105 years ago that nerve entrapment from spinal misalignments can affect organ function. It is now becoming very clear, however, that the spine is not affecting organ function nearly as often as organ dysfunction is affecting the spine. Although both pathways of cause and effect have always been understood, it has been generally assumed that the primary direction of cause and effect relationship went from the spine to the organ.

There is very strong evidence from clinical observation using Applied Kinesiology (AK) and, most recently, new knowledge from the field the field of Functional Medicine that organ dysfunction much more commonly affects the spine. This makes sense when we look at the cause progression, and chronicity of many back problems. Many back problems are caused by injuries. But, what then separates the injuries that resolve so easily and completely from those with chronic residual symptoms? What about back, neck and other joint problems that develops without significant trauma? Chiropractors using AK techniques are seeing that up to 95% - of all neck, back and other joint problems are related to underlying muscle weakness and imbalance; directly related to internal organ dysfunction.

There is now known an indisputable muscle-organ relationship that has shown in clinical practice to greatly affect this population of patients. Specific muscle function can be easily tested through standard Kinesiology testing. Standard Kinesiology is taught in colleges to student of athletics (coaches, phy-ed instructors, etc.) to show the origin, insertion and action of all the muscles in the body. Muscles can be isolated and tested individually for their specific ability to function. If muscle weakness or imbalance exists, it is then necessary to find the underlying cause(s).

The field of AK developed to answer the question "why is any certain muscle weak". Since it's beginning in 1964, AK has gradually brought together various disciplines including Chiropractic, Acupuncture and nutrition; and also other previously known but poorly understood relationships of body function.

There are often many factors effecting back, neck, or other joint problems. Underlying muscle weakness from internal organ dysfunction most commonly predisposes joints to injury because muscles stabilize joints.

When we strengthen muscle weakness and imbalance by strengthening related organ systems, we are then able to treat many even chronic and nonresponding joint problems. We often times need to get patient's health improved literally "from the inside-out" as the Chinese have known for over 2,500 years.

Applied Kinesiology then is a tool; a very valuable tool, that is used to find many different areas of dysfunction in the body. We can find structural subluxations, areas of muscle weakness, cranial faults, and especially internal organ dysfunction that is the underlying cause of so many body problems. When internal organ dysfunction causes muscle weakness, we can then determine specific vitamin, mineral and herbal formulas to restore muscle strength by improving organ function.

The new field of health care called Functional Medicine employs early assessment and intervention to improve health. It is preventative in nature and does not need the body's health to deteriorate into an actual disease process before intervention towards health can be initiated. This revolutionary model of health care has evolved through the latest scientific research from the major medical universities and laboratories in the country and around the world. We now have the tools to identify loss of organ function that often exists very early in life, and completely restore organ health (hopefully) long before disease has the opportunity to develop.

We now understand how nutrition and life styles contribute to loss of organ function that leads to disease. The Human Genome Project has demonstrated that the diseases of aging are encoded onto our genes, and that communication molecules turn the diseases on, or off. The communication molecules' actions are totally dependent on our nutritional status through lifestyles and environment. Research has shown that supplementation of specific nutrients can rebuild an organ's health when loss of function has occurred. When we identify and restore organ reserve energy and function not only do we improve health and vitality, but also we can increase the body's health span or disease free years of living. Functional Medicine has been described as "right molecules medicine"; we need the right molecules of the right substance for the right condition at the right time. Think of the health and function of any organ system as a continuum. On one side is perfect health. On the other side is complete organ shut down. In between is a lifetime of increasing organ dysfunction. We move from perfect health when we are born into continuing dysfunction throughout our lives through various disease states and eventual death.

Why does this happen? There are two things that happen to us that affect our health. We do not get enough of what we need in the proper amounts; and we get things into our bodies that are harmful to us. These factors affect the communication molecules of our bodies that have the ability to turn on diseases stored on the genes of our DNA. This affects our organ function leading us through the continuum of dysfunction to eventual disease and death. If we can identify the organ dysfunction somewhere in that continuum; intervene with what the body needs (not drugs) and remove the harmful things entering our body, we can restore health; giving the body the

ultimate vitality and function.

This model of health care currently exists, and is showing immense improvements in health and reductions of overall health care costs that are of momentous significance; and will most certainly be the most significant change in health care ever imagined. When we get the big picture of the body, and restore the body's health, good things happen.

We are entering a new millennium armed with the most understanding of how the body truly functions in health and disease. This model of health care has been consumer driven with patient outcomes setting the stage for its success. The success of this model will be inevitable because of its accomplishments, even though it may well be a bitter struggle before it becomes a fully accepted model of health care.

HEALTH ASSURANCE

Health insurance protects you financially if you get 'sick'.

Long-term care insurance protects you financially if you lose your health and vitality.

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How do you best ASSURE your health?

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Projections from leaders in research indicate 90% health care costs savings may be reached if/when this model of health care is fully implemented.

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Treating loss of organ function prior to disease development allows the highest **ASSURANCE of HEALTH, VITALITY, AND YEARS OF DISEASE FREE LIVING.**

CALL TODAY FOR AN APPOINTMENT TO SEE HOW WE CAN HELP YOU

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Functional Medicine Chiropractic Center
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Alexandria, MN 56308
320-759-1800

Dr. John Toft
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My goals with patient treatment are two fold. The first goal is to most efficiently and effectively treat my patient's back, neck, and other joint problems. The second is to restore my patient's overall health. You will soon realize that the two goals are directly interrelated.

Chiropractic adjustments are well known to restore function to the spine and the nervous system. With the Applied Kinesiology techniques we are able to go a step further by finding and fixing the underlying causes of the structural misalignments of the body. Many factors are examined to find what is causing muscle weakness and imbalance in the body that underlies mechanical misalignment of the joints.

Chiropractors utilizing Applied Kinesiology techniques are seeing that up to 95% of all back, neck and other joint problems are directly related to internal organ dysfunction through related muscle weakness and imbalance. Muscles stabilize joints. When we rebalance the muscle function through various Chiropractic and Applied Kinesiology techniques, we are able to make the most effective and efficient improvements with our patient's musculoskeletal symptoms.

The health of the internal organs is a mirror image to the strength of the muscles on the outside of the body. We are using the knowledge of this muscle-organ correlation to not only find organ weakness, but we are also able to find what factors will return those organs to full health and function. We need to get people truly healthy and strong "from the inside-out." Government studies have shown that 98% of Americans do not get the proper nutrition necessary to prevent disease. Is it then any wonder why we have so many back and neck, and also other health concerns?

This model of health care identifies specific nutritional substances an individual body needs to fully improve organ dysfunction. In this way, we are able to improve simple loss of organ function, often decades before disease occurs, and also make the most improvements with even chronic and long-term back, neck and other joint symptoms by getting patients healthy from the inside out.

We use a Health Appraisal Questionnaire that is designed to recognize organs that are not functioning optimally, but usually have not yet reached a "disease state". This tool allows us a relative measure of organ function that is helpful in developing an overall treatment plan for patient needs.

It uses questions drawn from medical reference texts on subtle organ related symptoms. We all have various body symptoms that we attribute to our

"quirks" that are just normal for us. If we learn to listen to our bodies, we can learn much about our health. As our patients progress through treatment, they see significant changes with their symptoms that show improved health.

My extensive training in Applied Kinesiology, Clinical Nutrition and Functional Medicine gives me a tremendous amount of insight into body function. Current Research is bringing together new knowledge from the leading medical laboratories and universities in the world. This research is unraveling how the body works together in a web-like interaction of function through health and disease. There is a new model of health care that has been named Functional Medicine. It has also been termed right molecules medicine. In this model, it is necessary to supply the right molecules of the right substances for the right condition at the right time; meeting exactly the specific needs of the body as the body returns towards optimal function and health.

This research is showing that certain specific vitamins, minerals and herbal formulas can restrengthen organ function and bring back true health. The Health Appraisal is a very good tool to gain insight into the body's functioning. The Applied Kinesiology techniques are an exceptionally effective tool to "see" the same relationships. New laboratory tests have also been developed to access the body's functions. These lab tests stress function, not disease, and can add tremendous clarity to our other testing procedures.

There are two primary things that rob us of our health. We do not get the proper nutrition necessary to prevent disease, and we get a horrible amount of toxins from chemical pesticides, herbicides, and other toxic chemicals from the foods we eat, the water we drink, and the air we breathe. Many of our personal health care products are even toxic to us. We are also affected by food allergies and endotoxins produced within our bodies from bacterial, yeast, or parasitic overgrowths in the gut.

Food and environmental allergies have been implicated in a wide array of medical conditions affecting virtually every part of the body; from mildly uncomfortable symptoms such as ear infections, indigestion and gastritis, to severe illnesses such as migraine headaches, celiac disease, arthritis, chronic infection, depression, anxiety, and chronic fatigue.

Studies are showing that food allergies to dairy, wheat products (gluten), corn and others can significantly negatively affect our health. Dairy seems to be the most commonly involved allergy with up to 30% of the entire population effected. If a person has a food allergy, it can significantly affect many body functions, and it is therefore essential to recognize and then eliminate those foods. We can still treat the body without limiting the exposure to food allergies, but the response is much less desirable, or complete.

Chiropractors have been using Applied Kinesiology for almost 40 years. During that time, thousands of AK docs have contributed to the continuing body of

empirical knowledge of how the whole human body works together in a web-like interaction through health and disease. Cutting edge research from the leading medical labs and universities of the world are now supporting this knowledge, and are showing how and why these things work; and are developing additional nutritional formulas to improve our health.

There are projections from the leading researchers in the world, that we may be able to save 90% of all health care costs through this model of health care. A breakthrough pilot project performed through BC/BS of Ill., with Alternative Medicine Inc. has tested this model of health care. It showed 80% reduction in hospital costs, 85% reduction in costs of outpatient procedures and surgeries, and 56% reduction in pharmaceutical costs, with 70% overall health care cost savings.

The World Health organization determined over 10 years ago that the medical model of health care has overall failed to improve people's health. We are spending more on medical care than ever, and still, people are sicker than they have ever been. Pharmaceutical drugs do not, generally speaking, improve someone's health. There is a change in organ function as long as you continue the drug. Most drugs do give us sometimes life-saving changes to organ function, but they also usually cost us health and function of other organ systems, that subsequently also need to be medicated. And, what about the harmful side effects of these drugs?

We are on the bubble of seeing a major paradigm shift in the way health care is given. It will take time for this model to be adequately tested before it will be included in insurance benefit coverage. In the meantime, everyone needs to know that they are ultimately responsible for the level of their health. This means that we should become as knowledgeable as possible in how the body actually functions, and provide it with what it needs for optimal function, and to limit our exposure to toxic substances, and foods that are harmful to us. When organ systems have lost their energy reserve, and are no longer responding to the needs of the body, these organs often need therapeutic levels of specific nutrients to restore function.

My highest goal for my patients is their ultimate health and vitality, which best be accomplished by addressing the body's health as a whole. Having ultimate health and vitality will literally give you the highest assurance of increased years of disease free living to your life.

"THERE IS NO SCIENTIFIC BASIS FOR..."

Walter H. Schmitt, Jr., D.C.

It happened again last week. There, on the evening news was a postgraduate degreed person wearing a white lab coat and looking quite proper being asked her opinion about some new, non-establishment approach to health care. Then she said it. And she said it so typically, in an arrogant, self-righteous, almost disgusted tone, "There is no scientific evidence that the procedure has any value."

What does it mean when someone with credentials says "There is no scientific evidence for this..." or "there is no scientific basis for that...?" We have all heard it said dozens of times. It is always stated as an argument AGAINST whatever new idea is being proffered. And it is always expressed in a tone demeaning to the new idea. But the terms "scientific evidence" or "scientific basis" have such an official ring to them that the average person is inclined to side with the "authority".

Often, the authority adds to the declaration the fear that "not only is the new procedure of no value, it may be dangerous to a person's health or well-being." This has always confused me. How can a scientist proclaim that the same new, untested procedure that has no scientific basis for merit at the same time does have scientific basis for harm? This fear tactic is not a device of scientists, but rather of questionably motivated people who are attempting to sway public opinion.

The term "scientific" is an adjective. It means "of or dealing with science". And I'm sure what those illustrious professionals mean by "no scientific evidence or basis" is that they are unaware of a study on the subject which follows the scientific method and which has been reported in refereed, scientific journals. This fact, however, does not prohibit a new finding from being scientific in nature or from being derived from sound scientific investigation. A good scientific observation is just as scientific before it is published as it is afterward.

The scientific method is a good methodology. And even though it is not applicable to all studies, we should all try to apply this method whenever possible in our research efforts.

But first and foremost, science is a state of mind; a state of an OPEN mind. A true scientist will not make a rigid, "scientific" statement about an idea, be it his or someone elses. There must always be room for new information and reevaluation of an idea. This is not to disallow a scientist from expressing personal opinions; just that these opinions should be designated as personal and not confused with scientifically derived principles.

If there exists no actual evidence based on scientific methodology, the true scientist cannot make a "scientific" statement as to the validity of an idea. A true scientist will state with an impartial air that there is nothing that has been studied. Taking a stand on a new idea (i.e., an untested hypothesis) before it has been tested, disqualifies a person from true scientific evaluation of the hypothesis. Expectancy and operator prejudice arise from one making up one's mind before a hypothesis is tested. These are common errors of which we in AK are all aware.

And if testing the hypothesis ends in negative results, a true scientist will use a phrase like "The evidence at hand seems to suggest that...". But still, the true scientist will not be able to make conclusive statements.

About ten or fifteen years ago, I spoke with two scientists from Ft. Lauderdale who had investigated some of John Ott's theories regarding natural versus artificial light. Using microscopic time-lapse photography, their study showed a certain regular flow of cytoplasmic granules around the periphery of plant cells under natural light. Under artificial lighting, there was a decided disruption of plant cytoplasmic flow. I said, "This proves that living things are better off under natural light than under artificial light, doesn't it?"

Their reply was, "Dr. Ott might say that in his application of this project to his concepts. But there is nothing at present that suggests that a change in the flow of the cytoplasm is a bad thing. As true scientists, all we can do is report our findings and let others make their own conclusions from them." I learned a lesson about science that day.

In the summer of 1987, I met for two hours with three Palmer College of Chiropractic faculty members in Davenport, Iowa. One of the doctors, a Ph.D., began by telling me that he had only had one previous exposure to applied kinesiology and that it had been very negative. He then continued, saying, "But that was my only exposure and I am very interested in what you have to say today." The man is a true scientist. In spite of his previous negative feelings, he maintained an open mind, still willing to listen to new information and accumulate a wider base for his opinion.

In my experience, there are many self-proclaimed scientists who are in reality "pseudoscientists" or "scientific cultists". These usually self-righteous folks hide behind the cloak of the term "science". They may even use the scientific method and publish in scientific journals. They may have multiple degrees after their name, and may have even been the recipients of prestigious awards in their professions. And due to their illustrious positions, this group is often asked their opinions about matters relative to science and new findings. They are nearly always very outspoken and opinionated. I think you know the type. Too often they inhabit faculty positions in our chiropractic colleges and medical schools or find themselves in other positions of authority.

This type of scientific cultist lacks the one attribute that can qualify him or her as a true scientist: an open mind. When scientific cultists begin to take their own positions and opinions too seriously, they lose this fundamental requirement for scientific evaluation and the humility that accompanies it.

Pseudoscientists are very proud of being part of the scientific community, even though they do not rightfully belong. But if they can say the right words at the right times, they can pass themselves off, particularly to other pseudoscientists. They can be easily spotted, however, by true scientists and by just about anyone else with a little common sense. For example...

In July 1987, I had the opportunity to attend the Olympic Sports Festival Medical Conference held at Duke University. The program included presenters from all over the world including the U.S.A. and the Soviet Union. The representative of the USOC Sports Medicine Committee made strong negative comments regarding the use of nutritional supplements and belittled any nutritionally associated benefits for athletes. He stated, roughly, "There has never been any scientific study that demonstrates that any of these nutritional supplements has any helpful effect on athletic performance." He continued to show slides of various nutritional supplements while he was speaking and when a slide appeared showing a bottle of bee pollen, he stated incredulously, "Can you believe it?

We even have athletes who take bee pollen thinking it will help!" Everyone, or at least almost everyone, laughed.

Soon thereafter, the Russian doctor gave a short presentation followed by a question and answer period. One question was "Is there anything that all Russian athletes take or do?" As she answered through her interpreter, she listed seven or eight vitamin and mineral factors that all Russian athletes took, "And," she said, "they all take bee pollen."

'Nuf said.

Clinical practice requires a delicate blend of training and experience. No clear thinking practitioner would criticize another doctor for a therapeutic approach based on the doctor's previous good experience. And yet many approaches are called "unscientific". I have never understood this, particularly when applied kinesiology is so classified.

Scientific methodology requires developing a hypothesis, testing the hypothesis, and modifying the hypothesis based on the initial observations. This process can be continuous. In the laboratory, the process results in new theories. In dealing with patients, the process should result in a diagnosis and an effective course of therapy.

In the patient care setting, the scientific methodology involves listening to the patient and asking questions, doing tests on the patient, and arriving at a working diagnosis. This is developing the hypothesis. Then a treatment is performed or prescribed based on all of the above. This is testing the hypothesis. The response to the procedure verifies or refutes the hypothesis (diagnosis).

Too often, this procedure is employed by the doctor listening to a patient's complaints, maybe doing further diagnostic evaluation or maybe not, and arriving at a working diagnosis. The working diagnosis is usually an attempt to classify the patient into standard named, category of disease (ex. pneumonia, rotator cuff syndrome, chronic fatigue and immune deficiency syndrome, etc.) This is the development of the hypothesis.

Finally, the doctor performs or prescribes some previously determined treatment procedure based on the diagnostic category that most closely fits the patient. Such a treatment by categorization procedure leaves little room for individual variations. The treatment becomes the testing of the hypothesis. I guess this fits the criteria of scientific methodology, but if the therapy is improper, the doctor must await the patient's lack of response or negative response before modifying the hypothesis and attempting a new treatment. This can be very tough on the poor patient!

What could be more scientific than monitoring each step of the diagnostic and therapeutic process along the course of the treatment. This is exactly what we do in the practice of applied kinesiology. Ak is a scientist's dream!!!

In AK we are constantly making and testing hypotheses each time we perform a muscle test. Armed with the results of one test, we redefine the hypothesis and test once again. By the time we arrive at the treatment procedure, whether it be a manipulation, a nutritional supplement, or an exercise regime, we have already received the body's biofeedback that the therapy is appropriate.

This approach of AK is the most efficient application of clinical science at the present time. AK doctors practice and think like scientists. But even more importantly, AK supplies a framework for simultaneously applying both the science and the art of clinical practice. In the context of treating patients, AK sets the standard as the most scientific approach in the healing arts today.

So the next time I hear an authoritative person claim "no scientific basis" for this or for that, I will know that the person is a non-scientist of questionable motivation. But when I hear "there is not enough information available at the present time to be able to formulate a reasonable scientific opinion on the subject...", my ears will perk up to hear what the scientist has to say.

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Comments Presented to:
The White House Commission on Complementary and Alternative Medicine Policy
Minneapolis, Minnesota
March 16, 2001
By: Marilynn R. Anderson, G.C.F.P., The Feldenkrais Guild of North America®

Dr. Moshe Feldenkrais defined health as "the capacity of a person to live out his or her avowed and unavowed dreams." I want to live in the dynamic world populated by these healthy people. As a Feldenkrais Practitioner, my role is not to work with specific maladies and conditions - but to teach and encourage comfortable, efficient, and effective functioning of people in their environments.

Feldenkrais Practitioners meet people in whatever state of functioning and health that they are, and assist them to move gently and easily towards where they want to be. Those desires may be as basic as breathing more fully in a wheelchair or as complex as surviving a day comfortably while sitting attentively (maybe at a meeting). Through a series of guided, often developmental, movement sequences, either privately or in a group setting, the Feldenkrais Practitioner encourages fluid systemic movement patterns. The client learns to notice how they interfere with and detour from their intention, while learning how to safely experiment and discover alternative routes and strategies that are both more comfortable and fruitful. This same process holds true for the person recovering from a stroke and the high performance athlete.

The Feldenkrais Method® and other somatic education modalities, are an essential component of the Health and Health Education Systems. However, we are not part of the Medical System as it is conventionally defined. Now it often happens that through the Feldenkrais process, as the client becomes more self-integrated and organized, that a shoulder may "unfreeze", a knee stops swelling, a jaw softens, an ankle quits chronically spraining, blood pressure lowers, or a back aligns better. These symptomatic events create interesting borderlines between the Medical System and Somatic Education Systems and warrant exploration and research. But, to a Feldenkrais Practitioner, those would be merely incidental asides to the successful functional acts of a person spontaneously playing with a grandchild on the floor, delighting in a walk around a lake, simply rolling over in bed, sleeping well, shoveling snow without a three-day recovery, or comfortably persisting at a computer until the book is complete. People productively follow their dreams with pleasure when functioning fully and confidently in their lives. They are healthy.

Whatever policies arise from this Commission, The Feldenkrais Guild requests that you approach each modality respectfully and in consultation with its professional organizations. Please be cautious about placing non-medical practices into a medical framework. The most healthful practice around may be a walk on the beach – but certainly no one wants to need a prescription to do it along with a "qualified" walker. We have an enormous amount to contribute towards the healthy functioning and injury prevention of the citizenry. We welcome the shift in the Medical System towards the Health and Health Education Systems, and look forward to a continued blossoming relationship within that context.

Hmong Shamanism in America
The Medicine Healer

by Chu Y. Wu
Presentation to the White House Commission
on Complementary and Alternative Medicine Policy

Shamanism is one of the oldest spiritual healing that is still practiced by some indigenous people around the world. Shamanism is very much alive with the Hmong people, the new immigrants in the United States. Since the late 1970's, the Hmong people from Southeast Asia have been granted permission to settle in America. My family members were among those who fought along with the United States military in Vietnam and were able to bring one of the richest traditions of healing with us to this country: the shaman. To the Hmong people, shamanism is an ancient method of healing, but to the Western mind, it is a new alternative method of treatment.

According to the Hmong shaman belief, all living species have a body, soul and spirit. When a person becomes ill, the shaman believes the problems are either caused by organic disease, lost soul or because the spirit of the person departs from the body. The human body is somehow out of balance; therefore it needs the medicine healer to conduct healing ceremonies in which to determine the cause of the problems. A shaman is someone who is chosen by the creator and possesses the power to heal throughout his or her lifetime. No one decides to be a shaman. When the spirit enters into the person, other shamans come to assist him or her in starting the process for one or two days. He or she begins to practice the ceremonies within the family and then eventually is invited to help others in the community. The shaman's role is to cure the soul and the spirit, to drive demons out of the body and out of the family and then to help in bringing back the spirit and soul to the body in order for the person to become well again. Almost all the shaman I have known during the last twenty years and those whom I interviewed in the "Shamanism in Minnesota and Patient Choices" research project are working to cure the soul and spirit, not the disease. He or she is not a medical doctor that attended school, learned about the subject and obtained a degree. Their knowledge and skills are gifts from God. Their services are voluntary and free.

As Hmong people in the United States come in contact with Western medicines and science, many conflicts have risen between Hmong patients and their doctors. Some of these conflicts have been documented in articles, medical records, lawsuits, and social service cases over the last twenty years. An article written by Charles Numrich, "Among the Hmong" published in the Bulletin of The Park Ridge Center for Health, Faith and Ethics, Fall, 2000. "Since the Hmong came to the United States from Southeast Asia after 1975, they have struggled to survive and retain their culture. Families are torn between preservation of ancient traditions and assimilation. Many Hmong see the shaman as a symbol of cultural stability and make regular visits for spiritual, medical, and cultural guidance."

As an interpreter for the Hmong community during my college years, I witnessed one of the most complex cases from the Rochester Municipal Court in Rochester, Minnesota. A four-years-old child had a ligament growing in one of his eyes. When the social worker discovered the disease, the child was immediately ordered to seek medical attention and told by the doctors that he must have his eye removed immediately. However, the child's grandfather was a shaman and performed a ceremony to determine the causes. He knew the child had inherited the spiritual healing and would continue the traditional shaman practice after his term. The social worker and doctors took the case to the court. The judge sided with the doctors' recommendations. The child was removed from the parents and the family members.

Another case involved one of the shamans I interviewed in the research project. The shaman is seventy years old. When the doctors detected cancer in his stomach. They told him and his family that he had four weeks to two months to live. The man knew that he still had much life to enjoy. He returned home and asked other shamans to perform the healing ceremonies and to take any herbal medicines that he could find to save his life, because he had nothing to lose. Almost a year later, this man still lives.

Pahoua Vue, another Hmong shaman I interviewed, recognizes the importance of including the entire community in his work. I quote from his interview with a St. Paul Pioneer Press reporter: "Doctors don't always recognize what we do. We are sure we can help the doctors and patients but hospitals and clinics always turn us away." Dr. Gregory Plotnikoff, is medical director of the center for Spirituality and Healing and Co-principal Investigator of the shaman research project. He believes "Every physician knows that care is enhanced when working with a patient's belief system. Care is diminished when working against a person's belief system."

In conclusion, I recommend that healthcare in this country should be more open to alternative medical treatments and recognize the important values and healing systems of all cultural practices. We shall all continue to find new ways to cure human beings. We need more study of the different types of treatments in order to develop more available resources for human needs before some of those valuable healings are lost forever. Healthcare providers and churches in this country should not abandon the different types of religious treatments, herbal medicines, and cultural practices, but they should work together to save lives. Shamanism is alive and still has much to offer to the modern world. We need to find ways to balance the system and to invite other healers to be part of the medical treatment team. In the words of Pahoua Vue's statement, "The shamans and doctors are always trying to find good ways to save lives. They must work together."

Summary Statement:

Jeffery A. Dusek, PhD, Mind/Body Medical Institute, Harvard Medical School (Speaker #63)

Dr. Gordon and distinguished commissioners, thank you for allowing me to speak to you today on behalf of the Mind/Body Medical Institute, which was founded in 1989 by Dr. Herbert Benson. The Mind/Body Medical Institute is located in the Beth-Israel Deaconess Medical Center, one of Harvard Medical School's teaching hospitals. Over the past decade researchers at the Mind/Body Medical Institute have been conducting evidenced-based research examining the medical interaction between mind and body.

Over the past decade, two national surveys indicate that Americans are increasingly relying on the use of alternative medical treatments alone or as a supplement to traditional medical treatments. Given that many Americans are already using alternative treatments that have not been adequately tested, researchers must continue to explore the safety and proposed efficacy of these treatments.

To do adequately achieve this aim, my recommendations are that:

1. CAM therapies must be required to adhere to the same scientific rigor expected of traditional medicine. Contrary to the belief of some CAM practitioners, current clinical research tools can be used to objectively and fairly examine the efficacy of CAM treatments.

2. In this process, it is imperative to examine whether the CAM treatments themselves are effective in treating illness, or whether the belief in the CAM treatments plays a fundamental role in treating illness.

3. Until clear scientific evidence of safety and efficacy of CAM treatments is obtained, safeguards should be implemented to protect Americans from potential harm. Simply accepting that a treatment is safe, based on anecdotal and not clinical evidence, is not only unacceptable, it is dangerous.

4 Specifically, it will be important to determine the safe and effective doses of treatments, an acceptable duration of treatment, and identifying which patient population may be best suited for a given treatment.

4. Mind/body medicine is an excellent example of how non-traditional research can adhere to the scientific method employed in traditional medicine. Positive results from mind/body medicine research are based on scientifically collected clinical evidence, not anecdote.

5. Although the National Center for Complementary and Alternative Medicine's budget has dramatically increased over the last several years, additional and adequately funded research initiatives are desperately needed to carry out this important work.

Thank you.

Testimony of

Richard R. Pavek,

Director of the SHEN Therapy Institute, Sausalito, California,

on Health Care Options

before the

White House Commission on

Complementary and Alternative Medicine Policy

March 16, 2001

National need for a Minnesota type Health Care Freedom Act

Richard Pavek, Director of the SHEN Therapy Institute, Sausalito, California

There are two major groupings of Complementary and Alternative health care practices; each has different goals. The more established, such as acupuncture, chiropractic and homeopathy are attempting to convince medical science that they are effective so that they may be accepted into mainstream medicine. Since their operating principles cannot be explained within medical science's rigid and imperfect understanding of the human being, this will require a great many expensive, double blind controlled clinical trials. This need is slowly being met, at the insistence of Congress and the American people, by the National Center for Complementary and Alternative Medicine (NCCAM) in association with other centers.

However, a number of health care options, by their very nature, can never be brought into mainstream medical practice. Some require more time than licensed practitioners could provide, some are highly individualized to the client and others defy accepted medical explanation, relying on empirical evidence of efficacy for proof. NCCAM has limited funding and few of these options are on NCAM's list of possible candidates for investigation.

For years mainstream medical science has, without proof, dismissed these methods as being merely the results of 'imagination,' or 'placebo'. The public, being unversed in medical dogma, uses what works; whether it works by a valid physical effect presently unrecognized by medical science, or by imagination, placebo, the practitioner's personality or hair coloring is of little matter. The fact that it works is enough.

Richard R. Pavek, Director of the SHEN Therapy Institute Sausalito, CA 94965 415/332-2593 SHENmaker@MSN.com

Many of these systems, such as mine, work to promote emotional health, noticing that when emotional health improves, physical health improves – a principle vaguely understood in medicine but which medicine has no means to effect. Maintenance of emotional health is not a part of the standard medical curriculum; these CAM therapies fill that gap.

All CAM therapies lie in a vaguely defined area surrounding mainstream medicine's excessively broad and monopolistic territory. When CAM options have been effective enough to be noticed by the medico/legal authorities, they are often fined and put out of business, not for causing harm or endangerment, but because they were in competition with, and sometimes more effective than, standard medical practice.

Minnesota's Health Freedom Act protects the rights of its Citizens to receive the health care options each of them determines suits them best. The act appropriately defines what the unlicensed health care practitioner may safely do and not do, and legally enforces ethical responsibility and full disclosure, actions not presently required of the medical profession.

Freedom of health care choice should be the personal right of every American Citizen. Without protecting the practitioner's freedom to deliver CAM practices to those who desire them, the public's freedom to exercise their health care options will be lost.

I urge this Commission to strongly endorse national legislation similar to the Minnesota Act – it is vital to the future of these health care options and, clearly, is in the best interests of the American people.

Thank you.

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White House Commission on Complementary and Alternative Medicine Policy
March 16, 2001

Traditional Chinese Medicine: Its Practice, Education and Research in the United States

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Traditional Chinese medicine is a science of Eastern wisdom of health and healing. It is a complete system of medicine, not just a therapy. It covers the whole range of health conditions, not just a few health problems. It is in the best interest of both the professionals and the public to preserve the integrity of this time-tested medicine, keep a high standard of professional education and develop valid research protocols on acupuncture and Chinese medicine.

Preserve the Integrity of Traditional Chinese Medicine

The vitality of traditional Chinese medicine relies on the holistic foundation, pattern differentiation and clinic effectiveness.

Holistic Foundation: Chinese medicine views the human body in a very different way from other medicine. The system is internally consistent, coherent and built practically upon the "cosmological basis" of Yin/Yang, and Five Elements. This also provides the basis for Chinese medicine to be able to offer many unique and highly effective therapies for many conditions.

Pattern Differentiation: Stressing treatment of different individuals based on their specific clinical manifestations and response to diseases serves as the core of Chinese medicine diagnosis. Any simplification by giving up pattern differentiation will reduce the clinical effectiveness.

Clinical Effectiveness: Clinical effectiveness has made the Chinese medicine flourish and thrive several millennia. This depends on the consistence of the theory, treatment principles and treatment modalities. Without a systemic knowledge of Chinese medicine, it is impossible to provide the best Chinese medicine care with the maximum effect.

Keep High Educational Standard

Entry Standard: NCCAOM has developed certification standards in acupuncture and Chinese herbology. Practitioners are prepared to have a complete and systematic basis of Chinese medicine theory and the basic skills for diagnosing and treating commonly seen

conditions. We support that NCCAOM certification standards should be used as a general standard for the professionals who provide acupuncture and Oriental medicine services.

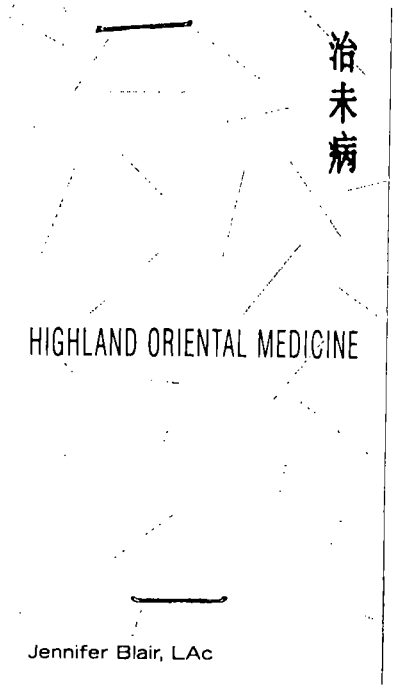
Complete TCM as the Base for Doctoral Program: World-wide, only the system of traditional Chinese medicine, its institutional establishment and educational structure are parallel with and equivalent to modern Western medicine. Practice-oriented doctors of Oriental medicine should be able to analyze and treat common and complicated health conditions with major Chinese medicine modalities, based on a solid and complete knowledge of Chinese medicine theory.

Develop Valid Research Protocols

Western Medicine Research Approach to TCM. Western medicine based research provides some insight toward demystifying this thousand year healing tradition. But this research is limited in discovering the working mechanism of Chinese medicine which is rooted in holistic concept and pattern differentiation.

Eastern Medicine Research Methodology. Beyond traditional Chinese medicine research tools and conventional Western medicine research paradigm, researchers should develop new research protocols to validate those effective treatment procedures. Those research methods should incorporate the fundamental principles of traditional Chinese medicine: holistic concept and pattern differentiation. The involvement of highly trained Chinese medicine professionals is very necessary.

Chinese Medicine Literature Translation. Five thousand years of medicine accumulated a vast amount of literature from classical texts, anecdotes to modern research. Translating the existing research literature from Chinese into English will benefit both the profession and the public.



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White House Commission on Complementary
and Alternative Medicine Policy
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Traditional Chinese Medicine, Medical Models vs. Tools.

Jennifer Blair Licensed Acupuncturist, Dipl. (NCCAOM) AC, CH

My Name is Jennifer Blair. I practice Traditional Chinese Medicine and am licensed by the state of Minnesota as an Acupuncturist. Herein lies the problem. I diagnose and treat patients according to a complete and logical system of medicine, developed and refined over thousands of years of clinical observation. Yet the state licenses me and the public defines me based on a single tool in my medical practice. In the struggle for acceptance, our professional organizations, academic institutions and private clinics have even conceded to label themselves in this limited way.

The terms *complementary* and *alternative* limit our progress in providing a healthcare model that benefits the patients we serve. They are the result of cultural and political biases that place biomedical medicine, a system with a relatively brief history, at the center of our medical dialogue. As a result of this limited perspective, we borrow tools from other medical paradigms, without understanding them contextually. Using the sharply focussed lens of biomedical disease differentiation, we all too often find that the adopted tools are reduced in their scope and efficacy. They simply do not fit neatly in our paradigm and become easily discarded, misused or disparaged. Not recognizing the importance of a medical language different from our own places us at the same risk that any other isolationist behavior would. We must find models with which we can communicate between our paradigms for the most effective outcomes for our patients.

Chinese medicine is a complete and distinct system of medicine that has an important place in the healthcare landscape of this country. Chinese medical diagnosis offers a truly holistic view of the body, providing patients as well as practitioners with an understanding of how disparate symptoms within their body interact to create a complete picture of health. The resulting diagnostic clarity leads to more effective treatment outcomes, whatever tools are applied. I am not a technician. I do not simply use herbs and acupuncture to treat patients. By using the diagnostic perspective of Chinese Medicine, a different medical language, I am able to apply diagnostic clarity and effective treatment to promote health.

By forcing other paradigms to be measured by biomedical standards, we risk losing valuable wisdom in a morass of misleading statistical analyses. While I recognize that there are no easy answers for insurance reimbursements, research or educational models, I believe we must embrace the value of other paradigms before we can make substantial headway on the complex issues that face our healthcare system. Working with representatives from our national and state organizations, The NIH can serve the public as a sort of health care United Nations. We need voices within the NIH and other governmental agencies that speak from the perspective of Chinese Medicine, Ayurvedic medicine and other complete systems. It is not enough to have Western trained MD's with knowledge of the tools of other paradigms.

Regardless of what the government decides in terms of public policy, it is clear that Americans no longer believe that biomedical medicine has all the answers. We can ignore that 95% of the population (according to Harvard Medical School) is seeking alternatives to the biomedical model, we can try to control the dispensation of healthcare through financial constraints or we can choose to find ways to support what our patients are telling us. I believe we all can win and our patients benefit if instead of co-opting the tools of other paradigms, we instead focus on finding ways we can communicate *between* our paradigms.

Thank you for your time and interest.